# 1987

# OLDER PEOPLE IN ALBERTA
# DIRECTIONS FOR THE FUTURE

**Provincial Senior Citizens Advisory Council**
**Report to the Minister of Social Services**
**The Honourable Connie Osterman**
**Government of Alberta**

88-04364/

LEGISLATIVE ASSEMBLY
ALBERTA

December 31, 1987

The Honourable Connie Osterman
Minister
Social Services
424 Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Minister:

I am pleased to present the 1987 Report of the Provincial Senior Citizens Advisory Council.

The Report, entitled "Older People in Alberta: Directions for the Future," provides Council recommendations relating to present and future generations of seniors.

Yours very sincerely,

Harry E. Alger
M.L.A., Highwood
Chairman, Provincial Senior
Citizens Advisory Council

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# EXECUTIVE SUMMARY

The Provincial Senior Citizens Advisory Council is submitting, in this year's report, directions which the Council hopes the people and Government of Alberta could take in planning for present and future generations of seniors.

These directions include suggestions for developmental and preventive and protective services and the coordination of these services. Further directions are indicated for education and research.

The section on developmental and preventive directions stresses programs and policies which encourage activities and community contributions that would enable seniors to continue being a vital part of society. These include ideas on education about aging from elementary school to the education of professionals and others working with older people. Both adequate income and housing in retirement years and health promotion programs are emphasized as ways of ensuring satisfying retirement and less costly treatment and care services as people grow older. Opportunities for life enrichment which help interested older people find meaningful personal involvement are presented as other means of enabling seniors to continue being active.

The directions for supportive and protective services include the issue of giving assistance to families and friends who are caring for older people by providing a broader range of community care and adult day care services in which the restoration of functioning and rehabilitation are emphasized. Hospitals are also asked to examine ways in which their discharge planning will be utilized to meet the special needs of older patients.

The requirements of Natives and older mentally handicapped people are also looked at briefly. The Council intends to examine these needs in depth during the coming year. Improvements in geriatric services, congregate housing, lodges, nursing homes and auxiliary hospitals are also addressed.

The Council recommends that home care programs and the single-entry process for assessment/placement for long-term care have greater autonomy. Two suggestions are made: (1) the home care program and the single-entry process could be placed under its own board, or (2) the home care program and the single-entry process could be placed under the direction of a special committee reporting through the health unit board. The Council strongly supports the first option.

Education and research directions include enhancing the education and skills of persons working with seniors and emphasizing more research on aging.

Some specific proposals have been made throughout the report but in some instances only a general direction has been given. Council may make recommendations about the latter in the 1988 report.

The appendix contains a summary of recommendations made by the Council since its inception in 1977 and further developments relating to these recommendations. It is encouraging to see, at the time of this eleventh annual report, what has been accomplished for seniors during the years the Council has existed.

The second part of the appendix is a summary of some material available at the Senior Citizens Secretariat. This material can be used in schools to help younger people understand that aging is a natural process — that older people are a vital part of the social fabric of the province and that they have many contributions to make to society.

# TERMS OF REFERENCE

***Purpose***

1. To represent the views and concerns of elderly persons in Alberta.
2. To foster positive attitudes towards aging and a better understanding of the elderly.
3. To advise the government on specific policies and programs for senior citizens with regard to priorities and the coordination of programs.
4. To review and advise on educational, research and special project grants in relation to senior citizens.
5. To carry out other responsibilities at the request of the government.

***Meetings***

- The Council will meet at least four times a year.

***Reporting***

- The Council will submit an annual report to the Minister responsible for the Council at the end of each calendar year and submit any other reports to the Minister deemed appropriate.

***Remuneration of the Chairman and Members of Council***

- Honoraria and out-of-pocket expenses will be according to the appropriate schedule established by Ministerial Order.

***Secretariat***

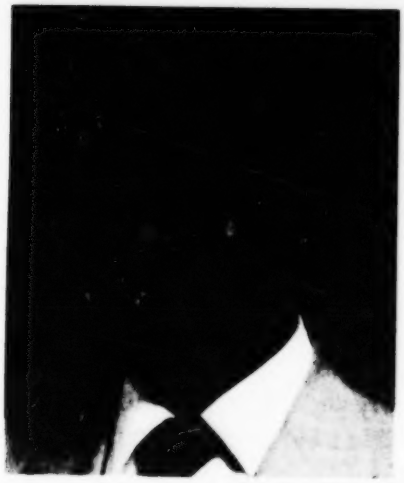
- The Director of the Senior Citizens Secretariat and the resources of the office will be available to the Council.

***Membership***

- The Chairman will be a member of the legislature appointed by government.
- One member from each of the following organizations selected from nominations put forward by them: Alberta Hospital Association, Alberta Medical Association and, on an alternating basis, the University of Calgary, the University of Alberta and the University of Lethbridge.
- Eleven members representing the community.

# MEMBERSHIP OF COUNCIL 1987

**Harry E. Alger, MLA, Highwood, chairman**



**Raymond Clark, Burdett, vice-chairman to September 1987**

Mr. Clark was appointed to the Council in 1980, was chairman of the Council from 1983 to 1986, and vice-chairman until September 1987. Mr. Clark is a retired farmer and rancher, and also, at one time, ran an International Harvester business. He is the mayor of Burdett, chairman of the County of Forty Mile Board of Education, and chairman of the board of directors of the County of Forty Mile Foundation, which manages the senior citizens' lodge and self-contained units in Bow Island. He is a member and past president of the Alberta Senior Citizens' Homes Association, and a member and past president of the Alberta School Trustees Association. Mr. Clark is also presently serving on the Management Advisory Committee to the home care program of the Medicine Hat Health Unit.

**Donna Rose, Bassano, vice-chairman (representing the rural areas)**

Mrs. Rose is serving her third term as a trustee of the Bassano General and Auxiliary Hospital and is vice-chairman of the board. She is a member of the Alberta Hospital Association and is serving on several committees of the Association: the Employee Relations Committee, the 1986 and 1987 Convention Committees and the 1987 Resolutions Committee. Currently she is chairman of the board of directors of the Community Resource Centre of Medicine Hat. Mrs. Rose has been active for the past 30 years in the Canadian

Girls in Training (CGIT) Association. She is a member of the Alberta CGIT, representing the Presbyterian Church, and the Presbyterian representative for the Western provinces to the National Canadian Girls in Training Association.

### Christopher Armstrong-Esther, Lethbridge (representing the universities)

Professor Armstrong-Esther is a professor of nursing with the Faculty of Nursing, University of Lethbridge, and an adjunct professor of gerontology with the Faculty of Medicine, University of Alberta. Professor Armstrong-Esther was educated in the United Kingdom, receiving his B.Sc. at the University of Newcastle and his Ph.D at the University of Surrey. His principle interests are in the care of the elderly and in rehabilitation. Since 1983 when he came to Lethbridge, he has worked with the People First Society, the Handicapped Society, the Green Acres Foundation, St. Michael's Hospital and the Lethbridge Health Unit. He has also done some special research work with the Blood Indian Band.

### Noel Butlin, Calgary (representing the Calgary area)

Mr. Butlin, a native Calgarian, is an electrician. He was an active member of the International Brotherhood of Electrical Workers, holding several positions with the union, among them president and assistant business manager. He has served on several trade-related boards, including the Provincial Apprenticeship Board, the Master Electrician Examining Board (Alberta), and the Canadian Electrical Code Advisory Board. Mr. Butlin has been retired for four and a half years now and is enjoying his retirement years very much.

**Richard Cherry, Edmonton (representing the Alberta Medical Association)**

Dr. Cherry obtained his medical education at McGill University and his postgraduate medical education at the University of Alberta. His specialty is Family Practice. He has been on the staff of the Faculty of Medicine, University of Alberta and developed the residency in Family Practice. He is presently the Chief of Medical Staff of the Edmonton and Area Auxiliary Hospital and Nursing Home District #24, and is also the team physician for the Edmonton Eskimos, a position which he has held since 1970. Dr. Cherry is a member of the Alberta Medical Association Committee on Aging, the Alberta Geriatrics Society and the American Geriatrics Society.

**Marilyn Daines, Innisfail (representing the Red Deer area)**

Mrs. Daines obtained her education at Red Deer Community College and has continued to take courses with a social and psychological focus. She has a background in business, but her interest in seniors developed, in particular, because of her employment in an extended care centre, at one time as a recreation therapist and at another time as an assistant director of volunteers. She herself has been active as a volunteer. Presently, Mrs. Daines is very involved in assisting her family in running several wide and varied agricultural-related businesses.

**Edward Fee, Killam (representing the Alberta Hospital Association)**

Mr. Fee was involved in radio work, and during World War II served as a communications instructor with the Canadian Army. After the war he and his brother took over the family hardware business in Killam. Mr. Fee has been very active in a number of community services. He has served on the district recreation board. He is a member of the Chamber of Commerce, the Royal Canadian Legion, and a member and past president of the Alberta Hospital Association. Mr. Fee is an elder in the Presbyterian Church and is chairman of the Killam Auxiliary Hospital and Nursing Home District.

**Erna Goertzen, Coaldale (representing the Lethbridge area)**

Mrs. Goertzen has been involved in numerous volunteer activities such as the Home and School Association, the recreation board, the library board and many church-related organizations. As a member of the Coaldale Town Council, she represented the town on the board of directors of the Green Acres Foundation for seven years, and during that period of time the lodges and self-contained units were built in Coaldale and Picture Butte. She is presently second vice-president of the Alberta Pensioners and Senior Citizens Organization and a board member of the Coaldale Senior Citizens Drop-In Centre.

### Sister Jean Golden, Canmore (representing the rural areas)

Sister Golden has worked for a number of years with older people in the inner city of Calgary, developing outreach services to more isolated seniors. As a result of her involvement, she assisted in the development of a needed housing project for older people in that area. Several years ago she travelled to Europe for a six-month period, visiting services for older people and the handicapped, and prepared reports for the Department of Housing and the Department of Social Services, one dealing with the needs of seniors and one with the needs of handicapped persons. She was on the board of directors of the Calgary Housing Authority and a member of the Nursing Home Review Panel. She is a member (and past board member) of the Alberta Council on Aging. Currently she is serving on the board of directors of the Trinity Foundation (which operates several apartment complexes for seniors in Calgary) and is a board member of the Outreach Program to Eastern Core Seniors in Calgary.

### Sid Holthe, Elk Point (representing the rural areas)

Mr. Holthe was a teacher and a school principal as well as a municipal secretary and a farmer. During World War II he served in the Canadian Army (active). He is involved in many community service activities. He is currently a member of, and has been chairman of, the Elk Point Canada Day Committee, the Elk Point and District Further Education Council and the Elk Point Historical Society. He is also a member of the Elk Point Chamber of Commerce, the Elk Point Royal Canadian Legion, the Economic Development Committee and the St. Paul Regional Advisory Committee for Lakeland College. Mr. Holthe is active in senior citizens' organizations. He is a

member of the Elk Point Seniors' Pioneer Circle, a member and former president of Zone 7 of the Alberta Senior Citizens Sport and Recreation Association, an appointed member of the Alberta Council on Aging Networking Committee and vice-chairman of the Elk Point Seniors' Needs Survey Committee.

### Iola Johnston, Grimshaw (representing the Grande Prairie area)

Mrs. Johnston is a retired school teacher. She has continued her interest in teaching through working as a volunteer tutor, currently with a handicapped child, under the auspices of an adult education program of Fairview College. Mrs. Johnston has been involved in a variety of community organizations including the Women's Institute, the Home and School Association, the Recreation Board, her church and several senior citizens' groups. She is a member of the Alberta Council on Aging and past member of its board of directors. Mrs. Johnston was named senior citizen of the year in 1985 in her community.

### Robert Kernaghan, Edmonton (representing the Edmonton area)

Mr. Kernaghan served in the Air Force during World War II. He was employed as an accountant for the United Grain Growers for 36 years and retired five years ago. Mr. Kernaghan is the editor of the newspaper of the Edmonton branch of the Royal Canadian Legion. He is a board member of Pilgrim United Church in Edmonton. Mr. Kernaghan is involved extensively in volunteer work. Among other activities he assists older people with transportation.

**Mary Norman, Stony Plain (representing the Edmonton area)**

Mrs. Norman was employed by the Department of Agriculture for a number of years. For 22 years she was the administrator of the senior citizens self-contained units and lodges in Drayton Valley and Stony Plain and, for 21 years, the secretary-manager of the Stony Plain Chamber of Commerce. She is currently a member of the Chamber and is involved with the Stony Plain Legion, the Women's Institute and the Multicultural Heritage Centre. Mrs. Norman is currently involved in a number of volunteer services related to seniors. One of her major volunteer occupations is working with the older people who are residents of the nursing home in her community.

**Bette Purves, Calgary (representing the Calgary area)**

Ms. Purves has a B.Sc. in Home Economics from the University of Manitoba and has taught all phases of home economics for grades seven to 12. She has worked for the Manitoba government and the federal government. She has been very involved in pre-retirement planning education and the seniors' health promotion program "Fully Alive" (a project of the Alberta Council on Aging). Ms. Purves has been on the executive of several community organizations and is a past president of the Alberta Home Economics Association and Calgary Meals-on-Wheels.

**Lynne Sangster, Medicine Hat (representing the Medicine Hat area)**

Mrs. Sangster received her education in British Columbia and has worked for both the federal and provincial governments. She is currently employed in the Community Services Division, City of Medicine Hat. Mrs. Sangster has been active in work with volunteers and with seniors. She was assistant coordinator of Veiner Centre (the senior centre in Medicine Hat) where she developed and supervised programs. In that capacity she developed the Medicine Hat Meals-on-Wheels program. Presently Mrs. Sangster is a trustee of the Medicine Hat Regional Hospital. She is chairman of the finance committee of the hospital board and is serving on the projects, patient care and by-laws committees.

# REVIEW OF 1987 ACTIVITIES

1987 was the first full year of Council work under the chairmanship of Mr. Harry E. Alger, M.L.A., Highwood. We have had an active year, holding four meetings of the Council as a whole and several meetings of subcommittees. The subcommittees have worked on the development of various sections of this 1987 report. In addition we have provided advice to the Senior Citizens Secretariat on the grants for education, special projects and research on aging and the holding of Senior Citizens Week.

We submitted two briefs to the Committee on Long-Term Care for Seniors chaired by Dianne Mirosh, M.L.A., Calgary-Glenmore. Mr. Alger is a member of the Committee.

A major involvement this past year was the sponsoring of the second annual Provincial Senior Citizens Week which was held June 7-13, 1987. A special highlight of this week was the attendance of 175 senior citizens at the June 8, 1987 session of the legislature. Following the session, refreshments were served to those participating.

During this year, several members who had served on the Council for the past few years retired: Mr. Raymond Clark of Burdett; Mrs. Arta Juneau of Hythe; Mrs. Grace Smith of Edmonton; Mr. Milton McInnis of Edmonton; Mrs. Marguerite Garrett of Red Deer; Mr. John Donahue of Calgary; and, Dr. Rodney Chadwick of Red Deer. We want to take this opportunity to express our appreciation to them for their work with us. A special expression of appreciation goes to Mr. Raymond Clark who served as chairman of the Council from March 1983 to June 1986 and as vice-chairman from July 1986 to September 1987.

# INTRODUCTION

The Provincial Senior Citizens Advisory Council, first established in 1976, is appointed by the Government of Alberta through the Minister of Social Services. The Council consists of concerned persons, some of whom are seniors, representing various areas of the province. Also represented on the Council are the universities, the Alberta Hospital Association and the Alberta Medical Association. This regional distribution and representation of a variety of interests and involvements in the membership enables the Council to take a broad approach to the interests of older people in Alberta.

The Council has been continually concerned with improving the well-being of the older population in Alberta. Throughout the years of its existence it has made recommendations on a wide range of concerns, from income support and pensions to long-term institutional care. When necessary, recommendations have been repeated in successive years, each time with further background information and research.

Appendix A of this report is a summary of the major concerns addressed by the Council, from 1977 to 1986, along with developments relating to these concerns. It is encouraging to see, at the time of this eleventh annual report, what has been accomplished for seniors during the years the Council has existed.

In 1986 the government appointed Mr. Harry E. Alger, a member of the legislature representing the Highwood constituency, chairman of the Council in order to ensure greater government response to the concerns of senior citizens. In view of this step, the Council is submitting this year in its report to the government a plan (a new approach) for the future. The plan consists of directions which the Council would like the government and the people of Alberta to take in relation to present and future generations of senior citizens.

In those instances where it is appropriate, specific proposals are made. In other instances only a general direction is presented, with the intention to make more specific recommendations in 1988. In our 1986 report, we emphasized the need for a "new approach" to the aging population—a need to emphasize prevention and an integrated and comprehensive system of services. This theme is again emphasized.

# I. RATIONALE FOR A PLAN

The numbers of older people are increasing at a faster rate than the numbers of younger people in the Alberta population. By the year 2006 Alberta will have 100,000 more people aged 65 and over. This is more than the present population of any Alberta city other than the two major metropolitan areas. Seniors, who are now eight percent of the population of Alberta,[1] will be at least 10 percent within 20 years.

In addition, more people are living to a very old age, to age 85 and over. The figures and the tables on the next pages show the growth of the senior population and the changes in the age and sex structure which will take place in Alberta.

People aged 65 and over, and in particular those aged 85 and over, use a fairly large proportion of the active treatment hospital and long-term care services. For example, in 1985/86, 36 percent of all the patient days in active treatment hospitals in Alberta were used by a small percentage of senior citizens[2] and the vast majority of the users of home care, nursing homes and auxiliary hospitals were older people. As Table 3 shows, the percentage of the population using these latter services increased with increasing age.

This percentage and its accompanying cost could be lessened if more community care and appropriate facility care were available. For example, it has been estimated that 25 percent of the patients in an auxiliary hospital could be discharged if appropriate community care were available.[3]

The Alberta government and the federal government have been generous in their support for senior citizens, and many excellent benefits and programs have been developed. These two governments provided an estimated two billion dollars for benefits and services for persons aged 65 and over in Alberta in 1985/86.[4] While not denying the necessity and effectiveness of this support for older people, the expenditures do justify the need for review and careful planning in the future for our programs for seniors. This is becoming increasingly important with the recent need to restrain the growth of public expenditures, and in view of the expanding growth of the senior population.

Fortunately, there is a consistent and substantial trend toward better health among older people[5], and older people are also, with each generation, more educated and better off financially.[6] Both higher levels of education and better financial status are generally associated with better health and independence.[7]

However, while these trends may partially offset the need for continued growth in programs and services relative to the growth of the elderly population, the Council believes that comprehensive planning must start now to ensure that Alberta makes the most effective and efficient use of its human and fiscal resources. To continue providing the same services in the same way as in the past will, we believe, lead to a future crisis in care for the elderly.

The suggestions in this report are intended to assist Albertans and the Government of Alberta to take appropriate steps to plan for the future. The fact that more people are living longer is an achievement. We want to be assured that they can live as independent and satisfying lives as possible, with the opportunity to continue to contribute to Alberta society.

# TABLE 1

## ALBERTA: NUMBERS AND PERCENTAGE OF POPULATION AGED 65+, 1951 TO 2006

| Year | Population 65+ as % Total Population | | Population 85+ as % Total Population | | Population 85+ as % Population 65+ |
|---|---|---|---|---|---|
| | # | % | # | % | % |
| 1951 | 67,283 | 7.1 | 2,421 | 0.3 | 3.6 |
| 1961 | 93,000 | 7.0 | 4,811 | 0.4 | 5.2 |
| 1971 | 118,750 | 7.3 | 10,270 | 0.6 | 8.6 |
| 1981 | 163,390 | 7.3 | 14,180 | 0.6 | 8.7 |
| 1986 | 194,000 | 8.1 | 18,000 | 0.8 | 9.3 |
| 1991 | 220,000 | 9.0 | 20,600 | 0.8 | 9.4 |
| 1996 | 247,300 | 9.5 | 23,100 | 0.9 | 9.3 |
| 2001 | 270,600 | 10.0 | 26,900 | 1.0 | 9.9 |
| 2006 | 293,100 | 10.4 | 30,600 | 1.1 | 10.4 |

Source: 1951 - 1981, Statistics Canada Cat. No. 92-714, 92,901
1986 - 2006, Alberta Bureau of Statistics, updated projections, released February 1987, Series I (low growth assumption)

# TABLE 2

## PROJECTED INCREASE IN POPULATION WITHIN AGE GROUPS, 1981-2006

| Age Group | Numerical Increase 1981-2006 (in thousands) | Percentage Increase 1981-2006 |
|---|---|---|
| 0 - 14 | (40.8) | -7.5 |
| 15 - 24 | (48.5) | -10.1 |
| 25 - 44 | 137.0 | 19.7 |
| 45 - 64 | 406.8 | 113.3 |
| 65 - 74 | 64.4 | 64.0 |
| 75 - 84 | 49.0 | 100.8 |
| 85+ | 16.3 | 115.8 |
| Population 0 - 64 | 454.5 | 21.9 |
| Population 65+ | 129.7 | 79.4 |
| Total Population | 584.2 | 26 |

Source: 1981, Statistics Canada, Cat. No. 92-901, September 1982
2006, Alberta Bureau of Statistics, updated projections, released February 1987, Series I (low growth)

# TABLE 3

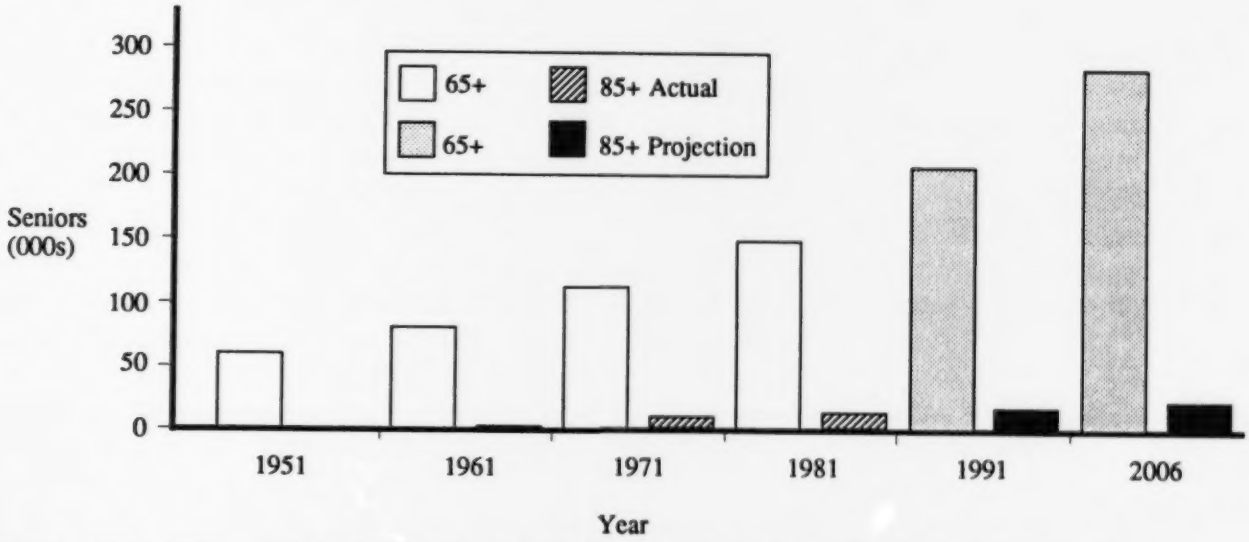
## PERCENTAGE OF POPULATION ON HOME CARE AND IN NURSING HOMES AND AUXILIARY HOSPITALS AS OF MARCH 31, 1985[1]

| Alberta Population[2] | | Home Care | | Nursing Homes | | Auxiliary Hospitals | | Total Population on Home Care, in Nursing Homes & Auxil. Hospitals | |
|---|---|---|---|---|---|---|---|---|---|
| Age | Population | # | % | # | % | # | % | # | % |
| 0-64 | 2,169,900 | 1,951 | .09 | 568 | .03 | 807 | .03 | 3,326 | .15 |
| 65-74 | 112,300 | 2,562 | 2.3 | 1,094 | .97 | 708 | .63 | 4,364 | 3.9 |
| 75-84 | 57,600 | 4,344 | 7.5 | 2,742 | 4.8 | 1,317 | 2.2 | 8,403 | 14.6 |
| 85+ | 17,300 | 2,459 | 14.2 | 3,154 | 18.2 | 1,123 | 6.5 | 6,736 | 38.9 |
| TOTAL 65+ | 187,200 | 9,365 | 5.0 | 6,990 | 3.7 | 3,148 | 1.7 | 19,504 | 10.5 |

[1] Patients still in nursing homes and auxiliary hospitals on March 31, 1985
[2] Alberta Bureau of Statistics, Alberta Population Growth, second quarter, 1986

# FIGURE 1

## ALBERTA'S SENIORS, 65+ AND 85+, 1951 - 1981 CENSUS FIGURES; 1991 - 2006, PROJECTED

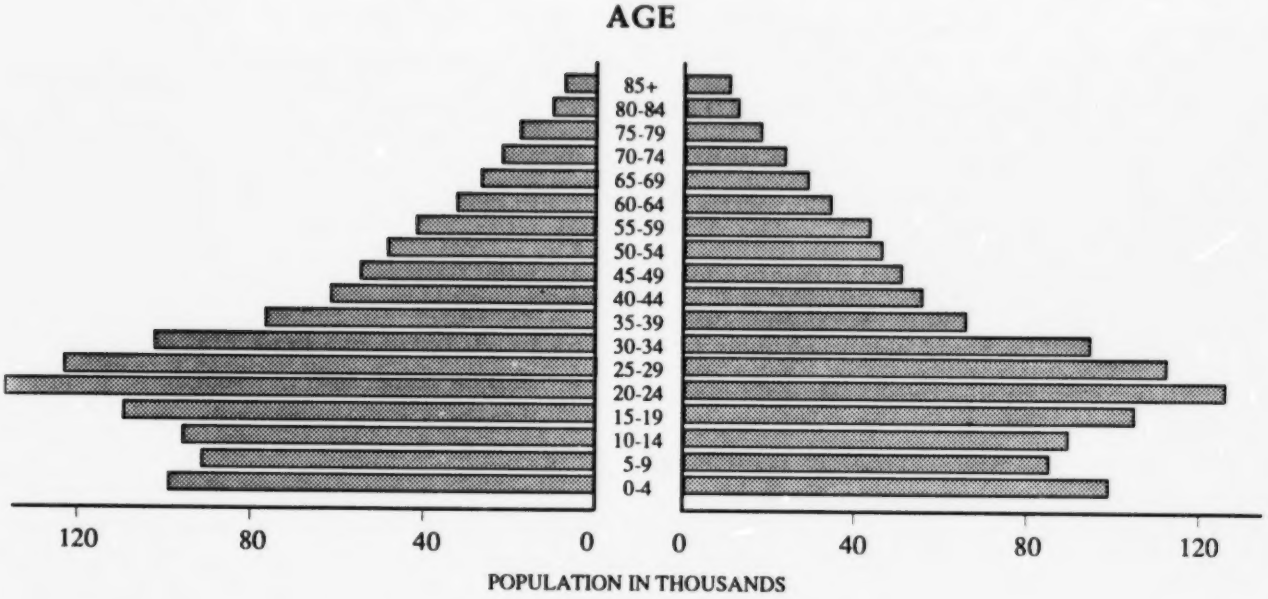



Source: 1951 - 1971: Statistics Canada, Cat. No. 94-702, Volume III, Part 1 (Bull 3.1-2), November 1974
1981: Statistics Canada, Cat. No. 92-901, September 1982
1991 - 2006: Alberta Bureau of Statistics, released February 1987;
Series I - low growth assumption,
Series II projection is very close in numbers.

# FIGURE 2

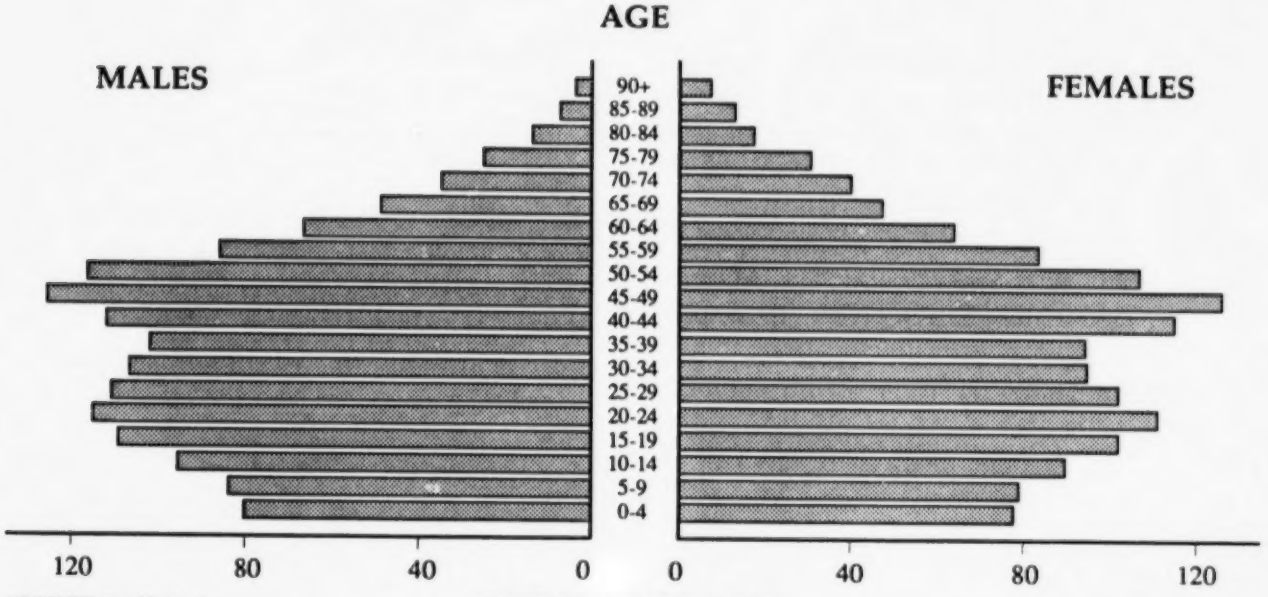
**ALBERTA**
**1981 (CENSUS)**

**MALES** **FEMALES**




**SERIES I**

## POPULATION BY AGE GROUP AND SEX, ALBERTA, 2006 PROJECTIONS




SOURCE: See Table 1

# II. STATEMENT OF PHILOSOPHY

This statement is the basis for the directions presented in the plan:

The Council believes that old age should be a time of satisfaction and fulfillment.

Like persons of all ages, older persons should be able, within reason, to select their own lifestyles, influence and determine their futures, and have an opportunity for meaningful involvement. They should be able to enjoy a sense of security with appropriate health and social services, and be assured of financial and other resources that enable them to share in a rising standard of living. Furthermore, they have a responsibility to be as self-reliant as possible and contribute to the well-being of society.

Even though the later years of life may bring physical and social stress, the Council believes that they can be a time of productivity, growth and self-realization.

To ensure this, four basic directions should form the foundation of government policy, services and their delivery:

1) provision for maximum independence and choice;
2) encouragement of continued participation in family and community life;
3) involvement of senior citizens in the planning, development and assessment of services, i.e. health care; and,
4) provision of programs providing education on aging both in educational institutions and in the community.

The Council is convinced that it is in the interest of all people that the positive aspects of aging and old age be stressed. Through programs and policies which encourage activity and contribution, senior citizens can continue to be a vital component of the social fabric of this province.

# III. DIRECTIONS FOR DEVELOPMENTAL AND PREVENTIVE PROGRAMS

We must try to maintain health and well-being in older people and try to prevent, to the greatest extent possible, the development of unnecessary disability and dependency.

Aging is not a disease, nor can it be prevented. There are undeniable physical and other changes as one grows older. However, much of what has been negatively associated with aging can be offset by increasing understanding about aging and by older people themselves maintaining active, involved lives. We believe in an approach that fosters positive development in the later years, an approach that focuses on opportunities for growth and development for older people and on creating an environment that emphasizes the integration of seniors in society, and ensuring that older people can use their strengths and abilities.

At the present time, the majority of older people are healthy, independent, and able to care for themselves. Even among those who are aged 85 and over, the last available census information indicates that slightly over half of them in Alberta were living in their own homes or apartments.[8]

In this section of the report we are presenting directions for Alberta to ensure that even larger percentages of older people maintain their independent status. We believe, as we said in the 1986 report, that "there must be a greater emphasis on preventive services in Alberta, on an approach that enhances the competence of older persons and their support systems, and that may at least delay and reduce the length of time individuals require more costly services."

## Emphasizing Continued and Increased Education about Aging

Greater understanding about aging, and in particular aging in the later years of life, will help all people cope more effectively with the changes which take place in aging.

Many negative myths and stereotypes exist about aging in the later years of life. These affect how younger people treat older people. They affect the social policies and programs developed "for" older people. They affect the way older people perceive their own aging.

There is a perception of aging as a time of sickness and senility. While one cannot ignore that debilitating conditions are more prevalent in the later years, it is important that people understand that sickness and senility are not a part of aging itself. Most illness can be treated, and many of the changes which occur with aging can be modified. It is important that people understand that one can continue to contribute and grow intellectually, emotionally and spiritually in the later years.

Therefore the Council is proposing the following:

- that education about aging begin in the elementary school system and continue throughout the school years; that the modules on aging for school children, which are summarized in Appendix B of this report, be tried and evalu-

ated in a school in Alberta. If they are helpful, then consideration should be given to making them available to other schools.

- that, in the development and use of the above modules in elementary schools and high schools in Alberta, seniors be used in the classroom. For example, older people could provide valuable and interesting information in history lessons, could aid in the creative arts and even in the sports programs. At the same time children would be exposed to "healthy" aging persons, which is most important in counteracting the all too prevalent notion that aging is a time of sickness, decline and senility.

- that all community colleges and universities in Alberta be encouraged to offer credit courses on aging. It is further recommended that, as part of their mandate for public service and continuing and distance education, they develop and offer courses and information on aging for the benefit of community groups and the general public.

- that life planning (pre-retirement) programs contain information about aging and the individual's responsibilities.

- that all Further Education Councils give consideration to offering courses related to aging.

- that the kit on aging and needs of older people presently being prepared by the Senior Citizens Secretariat for the general public receive wide distribution. The kit is intended primarily for those caring for older persons, to help them understand how to do this more appropriately and effectively.

- that a list be prepared of persons in various regions of the province who are able to lead seminars and workshops and give talks on aging, and that this list be publicized. Sources of help in preparing such a list could be the Senior Citizens Secretariat and the Alberta Association on Gerontology. The Alberta Council on Aging Volunteer Community Consultant Program (see "Increasing Opportunities for Life Enrichment") could be a resource of older people to assist with these seminars and workshops.

- that the government continue to sponsor an annual Senior Citizens Week in Alberta with an emphasis on the contributions which older Albertans have made and are making to Alberta society, thus fostering a positive attitude toward aging and older people. It is suggested that each community utilize one day of Senior Citizens Week for the purpose of disseminating information to and about seniors.

The education of professionals and others working with older people is also crucial and is addressed in SECTION V, EDUCATION AND RESEARCH.

## Ensuring an Adequate Income in Retirement

An "adequate" income in retirement years is perhaps the most important factor in ensuring satisfaction and independence.

Canada and Alberta have gone far in preventing poverty in old age. Despite this, in Alberta, as of December 1986, almost half (48 percent) of the senior citizens receiving Old Age Security benefits had reported low enough incomes that they were receiving income supplementation. Nine

percent of the seniors had reported that they had no income at all and so were in receipt of maximum income supplementation.[9] (The majority of this latter group consisted of persons age 80 and over.) It is most encouraging, however, that there has been a steady decrease over the past few years in the percentage of Alberta pensioners receiving either partial or maximum supplementation.[10] This is undoubtedly due to the introduction of the Canada Pension Plan and increasing coverage by private pension plans.

Table 4 shows how, in October 1987, the minimum income level in Alberta for both single persons and married couples compared with the rural and urban poverty lines established by the National Council of Welfare. It should be pointed out, though, that older people in Alberta receive a variety of benefits which add directly and indirectly to their incomes, such as property tax reduction benefits and renters' grants.

**Table 4**

**1987 POVERTY LINES**

Based on 58.5 percent of *gross* income going to the necessities of life.

| | Large City | Rural | Max. OAS/GIS/ AAIP* |
|---|---|---|---|
| Single Person Per Year | $11,079.00 | $8,193.00 | $9,233.64 |
| Couple Per Year | $14,617.00 | $10,708.00 | $15,402.00 |

*Maximum Old Age Security/ Guaranteed Income Supplement/ Alberta Assured Income Plan benefits as of October 1987

Source: National Council of Welfare, 1987 Poverty Lines: Estimates by the National Council of Welfare (Ottawa: National Council of Welfare, 1987).

There will be a continued need to monitor this situation, particularly because the present relatively high unemployment in the province keeps some people from contributing to pension plans. There is a need to ensure, through income support programs, that old age does not equate with poverty.

For the future it will be important to maintain adequate income in retirement through the continued support of the public pension plan, the Canada Pension Plan, and through the encouragement of private pension plans and private savings. As of 1985, in Alberta, only 52 percent of employed paid persons between the ages of 25 and 64 were covered by private pension plans.[11]

Therefore the Council is proposing the following:

- that people be encouraged, beginning early in their working years, to save for retirement, as adequate income can help to ensure a satisfying retirement.
- that the government review private pension plan coverage and examine ways of promoting greater coverage of people employed in the private sector.
- that there should be continued encouragement of private saving through tax incentives.

## Increasing Health Promotion Programs

It is important early in life to develop and maintain a healthy life-style, and there are many ways in which individuals can and should take responsibility.

It is important also to maintain an emphasis on health promotion for people in the later years of life. The more people learn about, and put into practice, ways to safeguard their health, both physical and mental, the less need there will be for costly treatment and care services.

Exercise, good nutrition and proper use of both prescription and over-the-counter medications are important. Older persons require more information regarding chronic illness, and how to recognize early symptoms and obtain appropriate treatment.

There is also a continuing need for a greater emphasis on programs to maintain good mental health in older people. According to the Alberta Association on Gerontology, drug and alcohol abuse is a problem among the elderly.[12] Depression is not uncommon, and the suicide rate for older men in Canada remained consistently high from 1956 to 1981 and may well be higher than that actually reported as suicide.[13]

Therefore, the Council is proposing the following:

- that resources be allocated to develop services and educational programs for older people similar in nature to the maternal and child health programs now offered. This would be a possibility in view of the declining birth rate.[14]

- that health units, senior centres and other organizations developing health promotion programs for older people consider the possibility of using retired volunteers to assist with this. The Alberta Council on Aging "Fully Alive" program is an example of how senior volunteers can be used in health promotion and is a resource which should be explored.

## Increasing Opportunities for Life Enrichment

Closely related to maintaining good health and functioning in the later years of life is the maintenance of good morale. Some of this is dependent on one's general attitude toward life, on one's resources and on the ability to be responsible for one's life. Unfortunately, this has often been difficult for older people following retirement because there is sometimes an attitude on the part of younger people that there is little that the elderly can contribute. It is important, therefore, to try to ensure that there are a number of opportunities created for seniors which help interested individuals find involvement that is meaningful to them personally, and that also contribute to the quality of life of members of the community.

Therefore, the Council is proposing the following:

- that older people be consulted and involved in the planning and the delivery of all programs and services developed for them—that those planning and delivering services listen to older people. This is particularly important when services are of a personal nature.

  As was noted before, future generations of retired persons will have received higher levels of schooling and may be better off financially. It is essential, therefore, that the above principle become part of all services for older people. Future generations of seniors will have greater expectations of involvement.

The Provincial Senior Citizens Advisory Council would be pleased to receive an invitation to be involved in reviewing and offering comments regarding proposed program plans and legislation affecting the elderly.

- that community colleges, universities and Further Education Councils continue to increase educational opportunities for seniors and that they advertise these programs widely so that all interested seniors are aware of them. Every older person should have the opportunity to learn new skills each year.

- that agencies increase opportunities for older volunteers—opportunities that provide real challenges. In volunteering, older people have an opportunity for self-expression and for self-development, and they also derive personal benefits and satisfaction from the services they provide.

- that consideration be given by senior centres and other organizations working with older people to the "link opportunity" program, a program whereby people exchange helping services. Each hour of work donated to the program earns one hour of service from someone else. These services would not be limited to the elderly but could be an exchange of services between elderly and younger people; for example, an older person might exchange sewing or carpentry for help with yard work from a younger person.

  The use of seniors to help each other, "peer support," may become more necessary as the senior population increases and the numbers of younger volunteers and family members dwindle due to several factors, including the present low birth rate.

- that the Alberta Council on Aging, Volunteer Community Consultant Program be given permanent funding. This low cost program has the capacity to channel and utilize the capabilities of retired persons throughout the province. First and foremost, these retired consultants can offer help and support to the many senior centres (see below). Secondly, they can help Alberta communities establish "talent banks," registries of able senior volunteers who can serve not only their peers, but people of all ages in various ways.

- that senior centres be supported and strengthened. There are many senior centres now in Alberta with the larger funded ones providing helping services as well as recreational and educational opportunities. Almost all are operated by voluntary boards of retired persons, and the funded senior centres receive support through the Family and Community Support Services (FCSS) Program. FCSS programs could encourage and support more centres to develop outreach and information services or ensure that such services are developed in FCSS offices.

  The centres provide a valuable "preventive" service in that they offer opportunities for socialization, for volunteering for service to others and, in the case of the larger ones, provide services such as information and referral, meal services, health promotion and counselling, and many outreach programs to isolated and frail elderly.

- that the Alberta Council on Aging, Volunteer Community Consultant Program provide continued help and direction to senior centres, particularly to the smaller centres and, as appropriate, develop regional seminars and workshops for centre board members and

general members. In this work, the Consultant Program should try to help these centres expand their horizons—for example, by considering the possibility of offering information services, or by involving older people of various ethnic backgrounds, or by involving older mentally/physically handicapped people. This latter group is now living longer, and many are now in group homes in the community rather than in institutions. They, too, need involvement.

- that support for information services in senior centres and in Family and Community Support Services offices be increased. Without having information about what is available in benefits and services, older people and their families cannot make appropriate choices about alternatives. While there are a number of local information services for seniors now (53 have been identified by the Senior Citizens Secretariat), they are not universally available and there is great variation in the support provided to the existing ones. Volunteers could be used to a greater extent in the provision of information.

- that community recreation programs recognize that older people are an important group; and, that each municipal program ensure that some of its efforts are directed to services which are appropriate for this age group, whether the services are exclusively for older people or for all people of all ages.

  Older people appreciate the work that has been done by the Department of Recreation and Parks in its support (through the Alberta Sport Council and the Alberta Senior Citizens Sport and Recreation Association) of the biennial Senior Games. The competitions leading to this event and the event itself offer not only physical exercise (so important in later years) and social opportunities for seniors, but also help to show the public that many older people are healthy and vigorous.

- that municipalities be encouraged to apply for the funds available from the Community Recreation/Cultural Grant Program, and that an appropriate proportion of these funds be directed toward seniors' programs and, where possible, be administered by volunteers.

- that ways be found to increase opportunities in the arts (drama, music, art) for older people. At this time, most of these opportunities are found in senior centres. It is suggested that the Department of Culture, which supports the arts and younger professionals, look at ways in which opportunities for older people could be increased.

## Ensuring a Wide Range of Housing Options

One's living environment is crucial to one's morale and health. Safe, comfortable, affordable housing is important for people of all ages, and no less so when one is elderly. In fact, it may be even more important at that time of life due to the fact that older people often find themselves spending more time in their homes than in their younger years.

The Government of Alberta has done much to help older persons with their housing—providing property tax reduction benefits and home improvement grants for senior citizen homeowners. (The majority of persons age 65 and over own their own homes.) As well, there are grants for renters and many subsidized apartments and lodges for seniors. There is, however, further

work to be done, but not necessarily by the government. Seniors, their families, voluntary organizations and private developers all have a role in expanding options in housing for older people.

Therefore, the Council is proposing the following:

- that a greater range of housing choices be made available for seniors with the assistance of the private housing industry. These could include townhouse developments in small clusters which older people could buy, cooperative developments of either row housing or apartments, retirement villages (various forms of housing coupled with a centre providing nursing care), shared or group housing, and garden suites (sometimes known as "granny flats"), portable cottages which can be placed on the property of younger relatives.

- that regional planning councils examine zoning restrictions which may limit the use of garden suites.

- that seniors be consulted in the design of new housing and that the experience of those involved in existing housing be used.

- that the Alberta Mortgage and Housing Corporation be requested to come forward with proposals on how senior citizens and others could be involved in the functional design of accommodations for the elderly.

- that all housing for seniors, and even for younger people, be built in a style and fashion that enables frail people, or people who are limited in their mobility, to be independent. In some countries, this type of accommodation is called mobility housing and the design makes it possible for many disabled people to live independently.

- that housing for seniors be built, whenever possible, near stores, health facilities and other conveniences. Older people do not like to be in an isolated area and to have to depend on others for transportation. Accessibility is important, and parking should be available.

- that in developing new subdivisions the possibility of including some housing for seniors be considered.

- that apartment complexes for seniors be limited in the number of suites in each complex (no more than 100) as it is difficult to create an atmosphere of community in a very large project. Also, very large projects often result in segregation of the elderly from the surrounding community.

- that more support be provided in some apartment housing for seniors. This could be added to existing subsidized housing and considered in new apartment projects, whether subsidized or not. Such housing is often called "congregate" housing, and usually includes more management services and often one meal a day. The management services include having management staff more available, able to respond to calls from an emergency response system (essential in housing for seniors), to provide short-term help, and to link people with community services when needed.

In this combination of housing and services, even very frail people can be maintained in "independence," secure in the knowledge that help is available quickly when needed.

- that managers of apartment housing for seniors receive education in understanding aging and in working with older people and their families, and increase their knowledge about benefits and community resources to help older people.

- that the administration of housing projects for seniors have some way of providing information to seniors about benefits and services, and some way of making referrals to services when appropriate; a service such as this could be staffed by trained volunteers.

- that the common policy which prohibits small pets in housing for seniors be reconsidered, as research has shown the therapeutic value of pets and their importance in the lives of older people.

Some specific recommendations are made for the lodge program, the housing program for seniors which is part of the long-term care system as lodges provide complete board, room and laundry services. These recommendations are in the next section.

# IV. DIRECTIONS FOR SUPPORTIVE AND PROTECTIVE SERVICES AND COORDINATION

While the majority of older people are well and able to care for themselves, and a major emphasis should be placed on ensuring that they maintain this status, there is a segment of the older population that on occasion or on a continuing basis needs help of some kind. It is estimated that perhaps 20 to 30 percent of persons age 65 and over may be in this situation, and that they generally are those age 75 and over.[15]

The 1983/84 Canadian Health and Disability Survey reported that 40 percent of the Alberta senior population had some disability related to performing certain self-care activities or instrumental activities such as shopping. The degree of disability (minor, moderate or major) was not reported. In general, and for Canada as a whole, going out or doing housework were the major areas in which older people had dependency needs.[16] This latter finding is supported by the survey of seniors in the Peace River area which reported that the dependency needs of seniors, which so often force older people to leave their homes, are those related to non-medical needs—the need for help in simply carrying out the activities of daily living.[17]

The needs of this relatively small segment of the senior population are important. We wish to repeat what we said in the 1986 Report, "The new approach should also ensure a more integrated system of services for older people who have some special needs, thereby preventing the development of further problems."

In providing services for dependent or semi-dependent older persons, it is essential that we keep in mind that they too have a right to freedom of choice. As a report of the Canadian Medical Association states:

> Physically dependent adults are often forced, because of their state of dependence, to abide by the decisions others impose on them. The mentally competent elderly should be as free to opt for risk or safety as are the rest of us. Like their younger counterparts, they should not be forced into institutions simply to protect them from the risks they choose to run in caring for themselves....Elderly people must not be deprived of choice even when they appear to be making the wrong decisions.[18]

## Supporting the Help of Families and Friends

Many older people receive help from family and friends. As a first step, it is essential, therefore, to support family and friends in their caregiving. This is not only more economical, it is more humane and would put into action the expressed conviction of many Albertans (and the government) that family life should be strengthened.

However, at present, the major way in which individuals and families are helped is to pay institutions to care for elderly persons regardless of the financial resources of the family and the individual, thereby removing most of the responsibility from them. This is seen as an appropriate

response when dependency needs increase. The need therefore is to maintain the involvement of the family, and home care is probably the most cost-effective and humane way to do this.

Part of the difficulty in developing programs providing home support, particularly those supporting families, may be a general attitude problem. There is a widespread attitude of benevolent paternalism toward the elderly, on the part of professionals and the general public. Many people believe that once a person is over a certain age, s/he can only be adequately cared for in an institution (a lodge, nursing home or auxiliary hospital). As well, elderly individuals and families may not trust themselves to provide adequate care. These attitudes may be the result of the general belief that aging is an illness.

It is recognized that some families, for a variety of reasons (physical and/or emotional), are not in a position to help or do not want to do so, or that some older people need the mixture of board, room and skilled nursing and medical care that only an institution can provide. Maintaining a person at the community level should not be done at the expense of the well-being of other members of the family. (Disability allowances might be one possible way of assisting families and will be considered by us in 1988.) Furthermore, some older people have no families. Therefore, high quality institutional care (both of the lodge type and of the nursing/medical type) will always be needed, and we discuss this in more detail later in this paper.

However, community care is, at this time, not adequately funded. In 1985/86, the vast majority of public dollars spent on long-term care services were for institutional care.[19] Unless this situation is changed, institutional care will remain the only source of help for many of these older persons and families, at greater public expense.

## Ensuring a Comprehensive, Integrated System of Services with a Broader Range of Community Care

Community care resources need to be broadened to include a much wider range of services than is presently provided. For example, the major service provided by the Coordinated Home Care Program (which is administered by the 27 local health units) in 1985 was nursing, and little exists in the way of day services for the frail and disabled elderly.[20]

A recent study assessed the dependency levels of older people living independently in the community, those on home care and those in various types of long-term care institutions in Alberta. It was found that 75 percent of elderly persons in institutions do not have higher dependency levels than those who are living in the community either independently or receiving home care services.

> Thus it would appear that a number of institutionalized elderly are misplaced and would be capable of living a more independent or supported existence if community and rehabilitation services were in place.[21]

Therefore, the Council is proposing the following:

### Concerning Community Care

- that there be a unified medical/social/protective service which is capable of responding to all older persons with unmet needs.

- that persons requiring service be classified according to the level of care needed, following comprehensive assessments in which they and, if appropriate, their families have a part. If community placement is recommended for an individual, home care should have a level of funding which enables it to provide services up to, or equal to, 75 percent of what it would cost in public dollars to care for him/her in an institution. This would ensure that more costly institutional care is used appropriately and would result in more effective and efficient use of our fiscal resources in the future.

  For example, there might be a person assessed as requiring auxiliary level care but for whom community placement would be best. That person could receive services costing up to, but no more than, $75 a day. As care in auxiliary hospitals costs $100 a day per person (not including capital costs), this would result in a saving in public dollars of $25 a day or $750 a month or $9,000 annually. This would also make beds available for alternative use, such as palliative care. Of greater importance, the older Albertan would be able to remain in familiar surroundings among friends and family.

  We now have some Alberta experience supporting this possibility. In the Foothills Health Unit area, where one of the single-entry pilot projects in assessment and placement for long-term care is under way, all persons are assessed comprehensively by home care before institutional placement is considered, and persons in institutions have been reassessed to determine if they could live independently. Eleven persons at auxiliary hospital level and 16 persons at nursing home level are being cared for by home care at an average cost in home care services of $400 a month for each auxiliary level client and $126 for each nursing home client. (This includes both direct and indirect costs such as travel time.) This represents a total cost avoidance of $27,940 a month for auxiliary clients and $16,224 a month for nursing home clients.

  Personal care and homemaking services are much of what is being provided along with help from family and friends.[22]

  It is recognized that it is not easy to estimate the budget required by the home care program in order to implement the above. However, it is believed that approximately 11 percent of the population age 65 and over could use home care support. Through the use of the new Alberta Assessment and Placement Instrument, we will be able to obtain an estimate of the percentage of applicants for long-term care who require support to remain in the community and, as well, the level of formal support needed. Using this and population projections, by age, the home care program will be able to project, with reasonable accuracy, future budget needs. Furthermore, the program should direct funding toward applicants who without home care support would be institutionalized.

- that there be one integrated community care (expanded home care) service for older people needing special help, operated under one board, ensuring the provision of all community care services for older people ("one stop care"). This service could (for all applicants for long-term care services) be the single point of entry to care. Provincial guidelines should be established so a consistent level of service is available throughout the province.

- that a much greater emphasis be placed in home care on the development of homemaker/personal care aide services. What most older people need is assisted independent living, and it is the non-medical services, such as homemaker services, which often can be of the greatest help.

  In those situations where a physically and/or mentally frail older person (for example, a person with Alzheimer's disease) is living with a family helper/friend, the homemaker may be equally essential for the physical and mental well-being of the helper, to enable the family helper to continue giving care. If we are serious about encouraging family support, then this kind of assistance and relief is essential.

  Intermittent surveillance programs, daily brief assistance and emergency response devices would also help persons wishing to remain in the community. Emergency response devices provide the availability of 24-hour, on-call help.

- that consideration be given by home care to employing persons to provide these most important support services with the proviso that they are trained and supervised by home care staff.

- that the use of trained volunteers and voluntary organizations be encouraged. The volunteers may be under the direction of home care or provided by other organizations such as senior centres, Family and Community Support Services offices or the Royal Canadian Legion. In this way, services which are important for the morale and independence of older frail persons (such as assistance with shopping, visiting, transportation for recreational purposes and medical/dental appointments) would be available. In some instances the help, which should be available on a regular basis, will be of assistance to the family caregiver as well as the older person.

- that the home care program employ coordinators for volunteer services; such staff is essential for the effective use of the talents of volunteers.

- that some counselling be available for older people and their family members; sometimes all that is needed is listening, emotional support and information. On occasion such help may be crucial in ensuring that appropriate decisions are made and that family care can continue. Discussion support groups for family members could also be developed. This could be done by staff or trained volunteers.

- that the home care program take responsibility for assessing and sorting out those difficult situations where there is a combination of health and social problems and the solution is not immediately obvious (for example, suspected abuse or neglect of an older person); and, that it identify and be able to intervene sensitively in those situations where older people appear to be at risk.

- that the staff of each home care program have some training and assistance in recognizing and working with the social and emotional needs of older people and their families. Social work consultation should be available to each home care program.

- that, because of the not uncommon problems of depression and dementia in the elderly, home care programs should have close links

with mental health services; a worker from mental health services should be seconded, at least on a part-time basis, to each home care program.

It would also be helpful for the police and others to have information about older people suffering from dementia (for example, Alzheimer's disease). Sometimes these older persons are inappropriately handled due to lack of knowledge on the part of the police. A bracelet identifying the person and the problem could be helpful.

- that each home care program be able to assume a "case management" function as needed—that is, ensuring that services for an individual in need are organized and delivered appropriately. (This has been identified as important in the single-entry model being tested.)

- that some adult day care services (also called day support services, which are group programs to which people come during the day) be funded. These services, an important part of community care services, would not provide treatment as they are not day hospitals; but rather, they would provide social opportunities, personal care, supervision, active maintenance programs and, most importantly, relief for caregivers.

- that night care services for various lengths of time be available for the relief of caregivers and that they, like adult day care, be part of the services arranged through the home care program (the single point of entry); it is proposed that a pilot project offering such relief services to families with elderly persons be tried in a rural hospital with vacant beds or in another institution.

- that, in both the home-delivered community care services and in the adult day care services, restoration of functioning be emphasized and that rehabilitation therapy be available on a consultation basis and, when necessary, on an individual basis in all home care programs.

- that doctors be encouraged to make home visits. It is extremely difficult if not impossible to take an ill elderly person to a doctor's office, and it is often not appropriate to take him/her to an emergency department. In some instances older people who might otherwise have to be hospitalized could be cared for at home were physicians willing to make home visits. We should encourage home visits by doctors which allow comprehensive assessments of older persons who are ill; alternatively, nurses working under a physician's direction could do assessments and refer, if necessary.

- that, as older people used 36% of the patient days in acute care hospitals in Alberta in 1985/86, and as this setting often does not provide for optimal rehabilitation and care, these hospitals continue to examine ways of meeting the special needs of older patients through the use of more rehabilitation programs or services, the use of the specialist services described below and an emphasis on discharge planning (developing links with the single point of entry for service provision, when necessary).

- that consideration be given to the special needs of older people with mental handicaps. In recent years, the emphasis in care for these individuals has been on de-institutionalization and social integration. This emphasis in care should not be reversed when such a person becomes old. In addition, some young

people suffering from Down's Syndrome are known to show premature changes not unlike Alzheimer's disease. In view of this and the incidence of Alzheimer's disease which is likely to increase due to demographic changes, initiatives are required to maintain these individuals in the community rather than placing them in, or returning them to, institutions. The comprehensive community care service (expanded home care) described in this paper is as crucial for these persons as it is for the elderly who are physically frail. This is an area which will be given further study in the coming year.

- that consideration be given to the special needs of Natives. Natives have a much shorter average life expectancy and suffer from degenerative diseases which are commonly found in the elderly. Many of the existing off-reserve facilities are both socially and culturally inappropriate. Few elderly Natives speak English, and institutionalization results in social isolation and sensory deprivation. The Senior Citizens Secretariat has prepared a paper on issues affecting Native seniors,[23] and in the coming year we will review this paper and other concerns relating to older Natives.

### Concerning Specialist Geriatric Services

- that, at least in Edmonton and Calgary, there be expert geriatric and psychogeriatric diagnostic, assessment and rehabilitation service centres directed by qualified geriatricians (physicians specializing in the care of older people) and staffed by a variety of health professionals. These centres should be connected with the universities for teaching purposes (see SECTION V, DIRECTIONS FOR EDUCATION AND RESEARCH), and serve as back-up consultation for family physicians, acute care hospitals, home care and institutional services.

  Travelling teams could be available to other centres in the province. Geriatric services should also, in time, be made available in regional hospitals.

  In view of the lack of specialist geriatric services, it is suggested, as an interim measure, that training programs be developed under the direction of appropriately qualified and interested medical practitioners to give geriatric assessment skills to other health professionals.

### Concerning Special Housing

- that, if some congregate housing projects are developed (see discussion in SECTION III), more home care services and adult day care services be made available to residents of these projects. Many frail older people could live in this type of accommodation, which provides the security of on-site help and some service, without having to move to more intensive levels of care.

- that, concerning lodges, the present course offered for the managers of lodges should be actively promoted. (At the present time it is up to each local foundation board to decide if it wishes the staff to take this course.) Furthermore, there should be a second course for the managers which would emphasize the importance of mental and physical activities for the residents and would provide information on how to develop appropriate programs.

- that, as many of the residents in lodges are now quite elderly and frail and in need of some support and help (in particular personal care),

lodges could become part of the long-term care system through the use of the classification tool. We are suggesting meanwhile that two pilot projects in the provision of care be implemented in two foundation areas. In one of the pilots, a registered nurse or rehabilitation therapist from the home care program could be added to the staff. This individual could serve more than one lodge by working with managers to provide programs of active maintenance and restoration. In the other pilot, increased home care services could be made available to the residents—in particular, personal care services and, as needed, professional nursing surveillance and rehabilitation therapy. An evaluation could be made of the effectiveness and the costs of these two ways of increasing support to lodges.

### Concerning Nursing Homes and Auxiliary Hospitals

- that the Department of Hospitals and Medical Care move as quickly as possible in adopting the patient classification system, so that there will be, instead of two types of institutions, one type of long-term care facility. We recognize that some older people will always be in need of high quality institutional care, and we want to be assured that people will not have to move from one facility to another should their needs for care change.

  Now, for example, some people are being cared for in auxiliary hospitals only because they need a little oxygen; others are there because there is no nursing home in their community. In the same way, there are people being cared for in nursing homes now who require quite heavy care, but there may not be an auxiliary hospital in their community. Perhaps, in time, lodges could become part of this system. In this way, the province could move toward having multi-level care facilities, and these could be (and in fact are in some instances) built adjacent to apartment housing and could provide day programs—thereby being able to offer a continuum of care on the same site. We suggest that whenever possible there be special grouping (units) and programs developed within existing long-term care facilities for young handicapped persons.

- that there also be special groupings for older persons who are mentally frail (cognitively impaired) and are living in nursing homes and auxiliary hospitals; the experience of Edmonton Auxiliary Hospital and Nursing Home District #24 has shown that mentally frail older persons function better and receive better care when there are separate units for them.

- that all acute and long-term care facilities emphasize rehabilitation/restoration with the aim of trying to help residents, if at all possible, return to situations where they can live more "independently." Having more than one level of care or multi-level care facilities would help to implement this.

- that, in view of the trend toward better health and improved health practices in the aging population,[24] the present planning guidelines for the building of long-term care beds be reviewed and adjusted. These guidelines for the number of beds per 1,000 senior population were set some time ago when there were no community services, and are no longer as appropriate in terms of the needs of the present and future senior population. We are suggesting that these bed population ratios could be reduced somewhat.

Institutional beds would still need to be built in view of the increasing elderly population. However, even a small reduction in the guidelines could mean a considerable reduction in what otherwise would be the total cost for long-term care (even with much more funding going into community care).

### Concerning Coordination, the Organization and Structure of Services

The planning and delivery of these special services (long-term care services) is still fragmented with at least three provincial departments and three local boards involved. Except for the two areas where the pilot projects in assessment and placement are operating, coordination between the community and institutional services is dependent on the good will and cooperation of those delivering the services.

We are encouraged by the progress being made in the single-entry assessment and placement projects and look forward to implementation on a province-wide basis. Until all persons receiving long-term care services are assessed comprehensively, and with all alternatives in community care being explored before institutionalization is considered, there will be some people in institutions who do not need to be there.

Therefore, the Council is proposing:

- that consideration be given to exploring the following structures;

  i. that the home care programs and the single-entry assessment/placement process be separated organizationally from the health units and allowed to develop their own boards, administrative and financial infrastructures, in anticipation of their increasing role and growth in services. The development of home care boards could lead to greater integration of services for the elderly. This option is strongly supported by Council.

  ii. that the home care programs and single-entry assessment/placement process be placed under the direction of a special committee in each health unit which would have representatives from various long-term care stakeholder groups and from consumer groups. This committee could be given the responsibility for administering the single-entry process and the home care program, and for planning long-term care service needs. Specific funding could be channeled to the committee through the health unit, which would also provide administrative services. This would protect the long-term care services but, at the same time, save the expenditures involved in establishing another administrative structure.

  The Council is suggesting that consideration be given to the above options rather than leaving the home care program and single-entry process, as presently, under the complete responsibility of the health unit boards for the following reasons:

  - If we are to develop an effective, integrated long-term care system in Alberta, the community care part of the system must be expanded (with more non-medical and rehabilitation services) and must be reliable and consistent throughout the province. Persons providing institutional services must have confidence in both the assessment and the services provided by the com-

munity care component, and there must be a way for them to provide input and direction;

- The major interest and focus of the health unit boards is "prevention;" for example, preventing the spread of communicable diseases, maintaining sanitary conditions and ensuring good maternal and child health. These are most important functions, but quite different from the function of the home care program, which is providing "hands-on" health and social services.

- For these reasons the home care program, if it is to be an effective part of long-term care, must have greater autonomy and direction from persons who are interested in, and knowledgeable about, long-term care.

The above options assume that the single-entry assessment process would be the responsibility of home care; another option for this would be the following:

- that the assessment, placement and classification functions be separated from any service-providing agency (home care or district boards) and be placed under a special board for each single point of entry assessment area. This board would also maintain the registry of those receiving service and would have planning responsibility.

Whatever option for responsibility of the single-entry process is chosen, the Council is proposing:

- that each proposed single point of entry assessment/placement area have a single registry of persons receiving care, whether in the community or in an institution, so that each person can receive the best possible care for his/her situation. Such a registry is essential for planning and continuity.

## Concerning Ethical Considerations

Medical technology has advanced to the point that people can be kept alive through extraordinary and artificial means. This is a concern to some older people who do not wish this to happen to them in the event of a terminal illness.

Therefore, the Council is proposing:

- that the concerns of older persons who do not wish to have their lives prolonged by extraordinary and artificial means in the event of a terminal illness be recognized. In 1985 we encouraged the use of Living Wills and recommended that certain sections of the Criminal Code of Canada be clarified so that they would not be interpreted as requiring a physician to continue to administer, or to undertake, medical treatment against the clearly expressed wishes of a person when there is no possibility that the treatment would lead to recovery.

# V. DIRECTIONS FOR EDUCATION AND RESEARCH

## Enhancing the Education and Skills of Persons Working With Seniors

Services for older people are only as effective as the people who are planning and providing them. Having knowledgeable and skilled personnel is essential. The need for this has been a major concern of senior citizens' organizations and this Council.

The Council is most pleased that through the Senior Citizens Secretariat some funds may be provided which will make it possible to train a post-graduate physician in the sub-specialty of geriatrics. It is also pleased to learn of the special educational resource centres for people working in long-term care, in particular facility care, which have been established with the Edmonton and Rural Auxiliary Hospital and Nursing Home District No. 24 and Carewest (Calgary Auxiliary Hospital and Nursing Home District No. 7).

However, the lack of gerontological and geriatric content in the curricula of the professional faculties results in some deficiency in the skills of quite a number of people working with older people, in particular people in the professions such as nursing, medicine, rehabilitation medicine, psychology and social work. These are the people who are often in the position of making professional decisions which have a major effect on the lives of older persons. In addition, older people are cared for in institutional settings where the people giving the actual care often have no background or training in working with older people.

Therefore, the Council is proposing:

- that the curriculum of each of the faculties educating health professionals (nursing, medicine, social work, rehabilitation medicine, in particular) have a core course in gerontology. There should also be opportunities provided for training in clinical settings; it is suggested that some of the existing home care and institutional services could be used for clinical training to a greater extent than they are now.

  We have been pleased to learn that the School of Nursing at the University of Lethbridge is now requiring such a course.

- that consideration be given to combining professional educational programs; for example, nursing and social work faculties, or nursing and rehabilitation medicine faculties could be combined into a health services faculty. It will become increasingly necessary for universities to look for ways to conserve funding; furthermore, once in actual practice, these health professionals will be working together in a team. Would it not then be practical for them to study in a team setting? Perhaps a pilot project in this combined study should be tried.

- that there be continuing education programs made available for all practicing health professionals, through the universities and colleges. People presently in practice need the opportunity to continually learn and update their skills in gerontology.

- that the geriatric assessment and rehabilitation centres, described in SECTION IV, be established; they should be under the direction of geriatricians with the Faculties of Medicine of the two universities and have teaching links with all other health professional faculties. These services are particularly necessary for the post-graduate training of health professionals and can also provide continuing professional education and research. We are pleased that the University of Alberta Faculty of Medicine has recently appointed a professor of geriatrics and that the University of Calgary Faculty of Medicine is moving toward making such an appointment.

- that physician licensing bodies and university faculties of medicine devote an appropriate portion of curriculum time (undergraduate and graduate) to geriatric training. We are pleased that the Canadian Medical Association is recommending that geriatrics be part of the curriculum of each medical faculty.[25]

## Encouraging Research on Aging

With the growing numbers of older people and the growing costs of programs for them, it is becoming even more necessary to ensure that benefits, services and care provided are appropriate, as well as to examine ways of helping to maintain health and well-being in older people. Research can assist in resolving the complex medical, social and psychological issues facing older people in today's society and help to ensure the efficient utilization of resources. It is essential, however, that the results of research be translated to policy makers, to those providing services and to older people themselves.

The Council supports the need for research on aging and has provided advice to the Senior Citizens Secretariat in the administration of its small grants-in-aid-of-research-on-aging program. These funds are being used to support research into the social and environmental aspects of aging which must have practical application to the lives of senior citizens.

This past year, the Council has given consideration to conducting a province-wide survey of older people, but at this time does not have the resources to carry out such a project.

The Council suggests that the Alberta Heritage Foundation for Medical Research expand the type of research which it funds, now limited to basic bio-medical research, to include behavioral and clinical research.

# VI. ISSUES TO BE ADDRESSED IN THE COMING YEAR AND PROPOSED NEW APPROACH FOR THE COUNCIL

There are a number of issues which we wish to address in the coming year. Some of these are issues which we have covered briefly in this report, but which we believe need to be explored in greater depth. Others are issues which came to mind as we prepared this report and as we held discussions with various people throughout the year. As we work on these concerns we may well find others which we should study, or we may find that some already have adequate solutions and need not be looked at further. However, at the present time, the following are the areas which we will be exploring:

1) the status of outreach programs for seniors throughout the province.

2) concerns about the:
   - Native elderly,
   - immigrant elderly,
   - older people with mental handicaps, and
   - older people with mental dysfunction.

   Concerning the Native elderly, we will explore further the issues raised in the paper prepared by the Senior Citizens Secretariat. The Secretariat has funded two studies exploring the needs of immigrant elderly which can be the starting point of our review of this issue.

3) issues in connection with guardianship.

4) the possibility of disability allowances to assist with family care.

   While no recommendation was made, the 1985 report included a discussion (and a background paper by J. Golden of our Council) on forms of assistance with family care such as disability allowances; the paper will assist us in our examination of this issue.

5) the possible health, social and economic impact on the elderly of the increasing spread of AIDS (Acquired Immune Deficiency Syndrome).

6) ways of increasing the emphasis on "wellness" in the senior population.

This coming year, Council will be undertaking a "new approach." Each Council member will be responsible for becoming acquainted with senior citizens' organizations and services in the area of the province he or she represents. The purpose is to enable the Council members to establish a continuing contact with the elderly in their area.

# FOOTNOTES

[1] According to the latest estimate of the Alberta Bureau at Statistics, in June 1987 seniors numbered 200,800 and were 8.4 percent of the population of the province. (Alberta Bureau of Statistics, Alberta Population Growth, Second Quarter, 1987, November 1987).

[2] Information from Hospitals and Medical Care, 1987. It is estimated that, in Ontario in 1976, 10.4 percent of the patients aged 65+ used 39.7 percent of the patient days used by that age group in that year (M.J. Gross and C.W. Schwenger, Health Care Costs for the Elderly in Ontario, 1976-2026 [Toronto: Ontario Economic Council, 1981]). A University of Manitoba research study has demonstrated that a very small proportion of the elderly consume most of the hospital days used by those aged 65 and over (Alberta Hospital Association, Canada's Aging Population: Crisis or Commitment? 1986 Presidential Paper, Edmonton, Alberta 1986).

[3] "Beds Closure Could Create Crisis," Calgary Herald, (March 1, 1987).

[4] Senior Citizens Secretariat, Older Albertans - 1986 (Edmonton: Government of Alberta, 1986).

[5] L. Stone and S. Fletcher, The Seniors' Boom: Dramatic Increases in Longevity and Prospects for Better Health (Ottawa: Minister of Supplies and Services, Canada, 1986); S.A. McDaniel, Canada's Aging Population (Toronto: Butterworths, 1986), p. 82.

[6] Senior Citizens Secretariat, op. cit

[7] McDaniel, op. cit., p. 85.

[8] Senior Citizens Secretariat, op. cit.

[9] Health and Welfare Canada, Unpublished data, 1987.

[10] Senior Citizens Secretariat, op. cit.

[11] Alberta Labour, Employment Pensions Branch, telephone interview with the superintendent, September 9, 1987.

[12] Alberta Association on Gerontology, "Position Paper on Substance Abuse and the Elderly" (unpublished paper, 1987).

[13] Dr. Ron Dyck, Provincial Suicidologist, Government of Alberta, telephone interview, November 5, 1987.

[14] McDaniel, op. cit., p. 94.

[15] Senior Citizens Secretariat, op. cit.

[16] Statistics Canada, Report of the Canadian Health and Disability Survey, 1983-1984 (Cat. No. 82-555E, Minister of Supplies and Services, 1986).

[17] Regional Interdisciplinary Steering Committee for Geriatric Services in the North Peace River Region, A New Beginning: A Review of the Needs of Seniors in the Peace River Health Unit, Vol. I, Executive Summary (Peace River Health Unit, June 1986).

[18] Canadian Medical Association, Health Care for the Elderly: Today's Challenges, Tomorrow's Options. Report of the CMA Committee on the Health Care of the Elderly (Ottawa, 1987), p. 12-13.

[19] Senior Citizens Secretariat op. cit.

[20] Ibid.

[21] C.A. Armstrong-Esther, K.D. Browne and M.L. Sandilands, "Validation and Predictive Value of the Clifton Assessment Procedures for the Elderly (CAPE) in Different Care Settings" (unpublished paper, University of Lethbridge, 1986).

[22] Foothills Health Unit, "Home Care: A Cost Effective Alternative to In-Patient Care" (High River, Alberta, unpublished paper, 1987).

[23] N. Hohn, "Issues Affecting Older Natives in Alberta" (Edmonton: Senior Citizens Secretariat, 1986).

[24] Stone and Fletcher, op. cit. and McDaniel, op. cit., p. 82.

[25] Canadian Medical Association, op. cit.

# APPENDIX A

# SUMMARY OF PAST RECOMMENDATIONS 1977 - 1986

**1987 REPORT**
**Provincial**
**Senior Citizens**
**Advisory Council**

# SUMMARY OF PAST RECOMMENDATIONS 1977-1986

## PROVINCIAL SENIOR CITIZENS ADVISORY COUNCIL

As of 1986, the Council had submitted 10 annual reports to the Minister of Social Services and Community Health since 1977. The majority of the recommendations in the reports have been directed to the Ministers of Social Services and Community Health (departments separated in 1986), Hospitals and Medical Care, Housing and Public Works (now Municipal Affairs, Housing Division). Frequently background papers were developed to support the recommendations. These papers are available from the Senior Citizens Secretariat.

Until 1983, senior officials from the following departments were members of the Council: Social Services and Community Health, Housing and Public Works, Hospitals and Medical Care, Advanced Education, Recreation and Parks. At that time the Interdepartmental Committee on Long-Term Care was established. This Committee is composed of senior civil servants from three of these departments.

## COORDINATION

1. ***Recommendations*** - directed to all departments represented on the Council.

   Over the past 10 years, coordination in the organization and delivery of services to older people has been a major concern of the Council. This resulted in the presentation of a paper on coordination at the local level (1978), and a later recommendation that a test model of coordinated services be developed that could be used in an interested community (1979). This was followed by a recommendation that consideration be given to developing a joint assessment process for home care and institutional care, and that the deputy ministers of the departments represented on Council examine mechanisms that could be used for effective policy coordination in services for the elderly (1980).

   A later recommendation urged that consideration be given to developing a multi-disciplinary joint assessment process for home care and institutional care that would include case coordination and a contact person in every community (1981). Ministers of the departments represented on the Council were encouraged to support a more coordinated system of service delivery to meet the needs of older persons more effectively. Council indicated it would be prepared to lead some discussions with interested local authorities.

2. ***Developments***

   The paper on coordination developed in 1978 was sent, with the permission of the Minister of Social Services, to local authorities and agencies. The deputy ministers of 10 departments discussed the issue of coordination of services for seniors and agreed to extend the role of the Senior Citizens Bureau in coordinating data and program planning (1979).

   An excellent step toward better coordination was taken by the establishing of an Interdepartmental Committee on Long-Term Care (home care, nursing homes, auxiliary hospi-

tals) composed of senior civil servants from the departments responsible for long-term care services. This committee developed a model for coordinated assessment/placement (single point of entry) for all long-term care services (1984). This model is now being piloted and evaluated in an urban (Calgary) and a rural area (Foothills Health Unit area) for a two-year period. Also being developed and tested are a comprehensive assessment tool for placement to determine where services should be offered and a patient classification tool to be related to funding for institutions (1986).

In June 1986, the Premier placed the Senior Citizens Bureau under the responsibility of a member of the legislature who was also made chairman of the Provincial Senior Citizens Advisory Council. At this time the Bureau's name was changed to Senior Citizens Secretariat. The chairman reports to the legislature through the Minister of Social Services.

# A. PREVENTIVE RECOMMENDATIONS

## INSTITUTE OF AGING

The Council has been continually concerned about the need for education and research in aging to improve the quality of life for future generations of older people.

1. ***Recommendation*** - directed to Social Services and Community Health.

   Council felt that the development of an Institute on Aging would be the most effective tool for such education and research and made a recommendation to the Minister of Social Services and Community Health in 1977 for the development of a community-based institute for service, education and research in gerontology.

2. ***Developments***

   The Minister appointed a committee to develop a design for an Institute (1978). The committee submitted its report in June 1979, and it was tabled in the legislature in November 1979. At the request of the Minister, the Council prepared a summary of the design with some slight changes. At that time the Minister was considering making the Council the Board of the Institute (1980). Cabinet did not approve funding for the Institute in 1981-82, but the Minister indicated that the proposal would be considered again.

   In September 1982, a revised proposal was submitted to the Standing Committee on the Alberta Heritage Savings Trust Fund. In a letter to the chairman, dated February 10, 1983, the Minister wrote that he was "not optimistic about the possibility of early approval of the proposal. Existing commitments appear to require all available funds."

## EDUCATION ABOUT AGING - GENERAL PUBLIC

It is important that accurate up-to-date information about aging and older people be available to the general public so that individuals have an understanding of the later years and are able to develop effective techniques for coping with their own aging.

1. ***Recommendations*** - directed to Social Services and Community Health, Advanced Education and Manpower, and Education.

In addition to the recommendation for an Institute on Aging, Council also recommended the development of three levels of resource materials: (1) for community information; (2) for use with school-age children; and, (3) for retirement planning (1977, 1978, 1980, 1985).

Another recommendation included the suggestion that continuing education programs include more information about the worth of recreation and fitness activities in the later years (1979). Later, a suggestion was made that two mobile vans containing information about aging be made available for use by schools and seniors' groups (1985).

2. ***Developments***

The Department of Advanced Education and Manpower developed materials for pre-retirement educational programs for its regional resource centres (1979-80). It is our understanding that these materials have not been updated since then.

Two groups tried to obtain grants from the Senior Citizens Secretariat to develop resource materials on aging. These were to be used for school-age children. The grants were not approved because it was felt these programs were not closely enough related to the work of the Secretariat and should be undertaken by the Department of Education (1979-80).

The Senior Citizens Secretariat developed and distributed a kit, "Understanding and Working with Older People"; it ran pilot discussion groups for adult children with elderly parents in Edmonton and Calgary (1980), and the Council sponsored a Symposium on Aging (1982) which stressed the need for public education.

## EDUCATION FOR PEOPLE WORKING WITH OLDER PEOPLE

The need for skilled and knowledgeable persons to work with the elderly in the provision of adequate services is not only necessary but prudent and practical. Adequate diagnosis, treatment and rehabilitation can result in a great savings in the expenditure of public funds by at times preventing the need for long-term care.

1. ***Recommendations*** - directed to Social Services and Community Health, Hospitals and Medical Care, and Advanced Education and Manpower.

Financial assistance for general practitioners to study geriatrics was recommended (1977, 1978) and later a bursary program for physicians that would allow them to study geriatrics for a period ranging from three months to two years (1981).

The three departments were asked to cooperate in developing a plan to encourage educational institutions to expand gerontological content in the training of care professionals (1981).

From 1977 to 1982, the need for in-service training for personnel in nursing homes and auxiliary hospitals was stressed and, in 1984, the Council suggested that a conference be called to discuss coordination of plans for education in gerontology. The need for coordination was repeated in 1985 when the Department of Advanced Education was requested to coordinate efforts in gerontological education. A background paper on the survey

of courses on aging available in Alberta post-secondary educational institutions was attached to the 1985 report.

2. ***Developments***

The Senior Citizens Secretariat has provided some individual education grants for two to four weeks of study for a variety of professionals, including doctors, and has helped arrange workshops, providing funding to underwrite them.

The education of professionals in geriatrics was also stressed at the Symposium on Aging (1982). In 1986, the University of Calgary began a certificate program in gerontology.

As far as we know, Kerby Centre in Calgary, the Jewish Family Service and City Social Services in Edmonton are running discussion groups on aging for adult children with aging parents. The Secretariat is developing a kit on aging and needs of the elderly, which will be made available for family caregivers and others working with older people.

## RESEARCH

Research is seen by Council as an important means of improving the quality of life for the elderly.

1. ***Recommendations*** - directed to Social Services and Community Health, Hospitals and Medical Care, and Advanced Education and Manpower.

Since the Institute on Aging was not funded, the departments were asked to convey to the Alberta Heritage Foundation for Medical Research the need for research in geriatrics, both basic and applied, and to urge the Foundation to allocate funds for this purpose (1981).

It had been suggested that one of the fields of research should be the cause of organic brain syndrome (1977).

In 1983, it was recommended that a fund for research on aging be established and administered by the Council (1983).

2. ***Developments***

Unallocated grant funds (up to $100,000) of the Secretariat were designated for grants-in-aid for research (1984). Since then the Secretariat has continued to fund research grants. We understand that the Heritage Foundation for Medical Research is funding some special research on Alzheimer's disease at the University of Calgary.

## INCOME

The Council has felt that an adequate income is essential for the happiness of an older person. This was stated in the Council's philosophy developed in 1977 and has been repeated by a number of recommendations.

1. ***Recommendations*** - directed to Social Services and Community Health, Provincial Treasurer, and Federal and Intergovernmental Affairs.

It was recommended that the Alberta Assured Income Plan be indexed (1977, 1978) and that it be increased periodically to correspond with changes in the cost-of-living since 1975 (1979). This was followed by a further recommendation that the advantages of expanding

the scope and benefits of the Canada Pension Plan be considered; and that an "income-tested" provision for support be made for persons age 60-64 (1980).

It was later recommended that the federal and provincial governments continue to provide a base income for lower-income persons 65 and over to ensure that all older persons have an adequate standard of living; and, for future generations of older persons, that the Alberta government support an increase in the contributions to the Canada Pension Plan, encourage the private pension sector to make private pension plans more available and effective, and recommend increasing the amount of tax-free funds that can be put into private pension funds (1982).

Part of the above recommendation was repeated in the 1984 report.

2. ***Developments***

The Alberta Assured Income Plan has been increased several times. The maximum payment is now $95 a month, the highest among provinces in Canada.

In 1983, the province began an "income-tested" program for financial assistance for widowed persons (age 55-64).

Both the Canada Pension Plan and the Alberta Pensions Benefit Act have been improved (1986).

## HEALTH PROMOTION

Preventive health care is an important part of aging so Council has been concerned about how health promotion is provided.

1. ***Recommendations*** - directed to Social Services and Community Health.

The first proposal in the field of health promotion was made in 1981 when the Council recommended that the department fund community health nursing positions through local health authorities to offer health assessments and education for the elderly, and that it also fund local health authorities to offer community health promotion programs with information about aging.

Later in 1984 and 1985, it was proposed that such health education could be achieved through the use of health vans that could take this information throughout the province.

2. ***Developments***

The designating of special funds for such education and for the vans was not seen as appropriate (1982, 1986). However, some health units are working with seniors. In 1986, the Secretariat gave a grant to the Public Health Association to be used in developing materials on health promotion and on the care of the elderly for community health nurses.

## RETIREMENT

The Council has felt that mandatory retirement practices have a negative effect on the well-being of older persons. In 1979, it commissioned a paper on "retirement options" and, as reported under "Education about Aging—General Public," has recommended that the concept of retirement options, rather than mandatory retirement at an established age, be introduced into retirement planning programs. This background paper was attached to the 1979 report.

As persons age 65 and over had no protection against discrimination in the area of employment under the Individual Rights Protection Act in Alberta, the Council asked for changes in the definition of age in that act and in 1982 commissioned a background paper on "Human Rights and Older Persons" which was attached to the 1982 report.

1. ***Recommendations*** - directed to Advanced Education and Manpower, and Labour.

   To support these ideas on retirement, the Council proposed that the concept of retirement options (continued employment, restructured life pattern, flexible retirement, gradual retirement) be directed both to employers and employees, and that there be a change in the definition of age in the Alberta human rights legislation (1979, 1980).

   In 1981, the idea of options was repeated in a recommendation that provincial departments encourage employers to hire, on a part-time or contract basis, retired persons and that the provincial government take the leadership in initiating these changes within its own service.

   The definition of age in the Alberta Individual Rights Protection Act was again addressed with a recommendation that the act be amended—changed to age 18 and over (1982).

   Flexible retirement practices and work options were again proposed in 1984.

2. ***Developments***

   The Alberta Individual Rights Protection Act was amended with age defined as 18 and over (1985). The departments have responded to the other concerns by saying they are under discussion.

## HOUSING

Safe, adequate, and affordable housing is an important consideration for older people.

1. ***Recommendations*** - directed to Housing and Public Works, and Municipal Affairs.

   The Council began its recommendations on housing in 1977 with a comprehensive proposal that the Council be used as a sounding board in the development of housing policies; that some department staff members receive training and specialize in senior citizens' housing; that department policies and programs be examined to ensure the support of the principle that seniors be encouraged and supported to stay in their own homes or apartments; that ways be examined to extend a substantial rental subsidy for those in need; that rental housing for low- to middle-income seniors be developed through the use of section 44(1) (b) of the National Housing Act; that all new housing units for seniors be built with at least one separate bedroom and with a minimum of 525 square feet of inside space; that consideration be given to the needs of the frail elderly in housing units and that mobility aids and alert systems be installed; and, that ways be examined to provide relief from the school board supplementary tax for low- and middle-income senior citizen homeowners.

   In 1978, the departments were asked to give serious consideration to the following: establishing a rental assistance program as an alternative to the various forms of subsidized housing for seniors; continuing the construc-

tion of apartment units and developing expertise in the design and management of projects, and being prepared to provide a consulting service to private bodies managing projects; and, examining ways to provide funds to communities wishing to develop home maintenance services for seniors and ways to relate property tax to personal income (1978).

A further recommendation made in 1981 was for the department to assume a leadership role in encouraging the development of housing complexes for middle-income seniors who are not eligible for housing for seniors on low incomes. Past recommendations on portable housing on relatives' property and for hard-to-house elderly in Edmonton or Calgary were repeated.

Other recommendations included: that senior housing projects be placed in suitable locations and included in the design of subdivisions (1983); that specially designed homes for middle-income persons be encouraged; that more support services be built into some housing projects for seniors (1984); and, that an upper limit be set for rents charged for senior citizens' apartments where there are vacancies (1986).

2. ***Developments***

The province has continued to build subsidized apartments for seniors. As of 1986, there were about 13,000 apartment units. Most apartment units now being built are one-bedroom suites and most projects have some apartments for the handicapped. The renters grants and property tax reduction programs, both for senior citizens, were begun and have been increased. The program for home improvement grants is now in its third phase.

Most of these programs are not related to need or income, as the Council suggested, but are available to all persons over age 65. Some subsidized housing is available for people under 65.

A survey made to determine possible interest in reverse mortgages showed that there was relatively little interest among the present generation of seniors.

"Operation Friendship," Edmonton, now has an apartment building for the "hard-to-house" elderly attached to its senior centre program.

The concept of portable housing that would be placed on relatives' property is difficult to develop because of municipal zoning regulations but demonstration units have been built and displayed.

The Housing Planning Secretariat is developing a paper on housing options and has held a focus group discussion with private builders who are becoming interested in housing for middle-income elderly.

## SENIOR CENTRES

Council has always seen the senior centre as an important community service for older persons—a service that can help to maintain and improve health and well-being and can be a focal point for information and services.

1. ***Recommendations*** - directed to Social Services and Community Health, and Recreation and Parks.

   It was recommended that the departments work together so that multi-purpose senior centres would be supported, and assistance

provided to develop such centres; and, that local Preventive Social Services programs be encouraged, in particular in rural areas, to designate at least one staff person as a senior citizens' coordinator (1977).

The following year the Council proposed that the province adopt the standards and evaluation procedures of the National Organization of Senior Centres for Alberta centres; that centres be encouraged to develop outreach and transportation services for those needing such care; that the need for qualified staff as well as the need for stable and adequate funding be recognized; and, that staff and volunteers be required to obtain in-service training. A background paper on centres was included in the report (1978).

In 1979, the recommendation about using the standards of the National Organization of Senior Centres was again brought forward as well as the idea of adequate funding. Added recommendations asked that centres be recognized as a key community service; that they be operated by voluntary boards; and, that there be a mechanism developed to ensure coordination at the provincial level between the three departments funding centres (1979).

A discussion on the importance of information services, many located in senior centres, and a background paper on these services was included in the Council's report for 1985.

2. ***Developments***

The responsibility for support and funding of centres for seniors was delegated to municipalities under the Family and Community Support Services Act. There are now a number of senior citizens' coordinators working either in centres or FCSS offices. A few of these positions were initially funded by the Senior Citizens Bureau and are now supported through FCSS.

The Senior Citizens Secretariat and the Department of Recreation and Parks, working with the Alberta Council on Aging and the federal New Horizons program, developed a number of workshops for rural centres. These workshops were funded by grants from the Secretariat. The Senior Citizens Secretariat adapted the national senior centre standards for Alberta and distributed these to centres in the province (1978-1984).

The Alberta Council on Aging (ACA) and the Senior Citizens Secretariat hold annual workshops for information workers. Many of these persons work in senior centres. Except for sending out a fact sheet to 350 senior centres, the Secretariat has not been doing any special work with centres since the Volunteer Consultant project began under the direction of the ACA in 1985. This program is partially funded by the Secretariat.

## RECREATION SERVICES

The Council has consistently seen the development of recreation as a part of healthy old age.

1. ***Recommendations*** - directed to Recreation and Parks.

Recommendations about recreation services began in 1978, with a suggestion that the department examine the extent to which programming for seniors existed in master recreation plans. In 1979, it was recommended to the department that it encourage municipal recreation staff to acquire knowledge about

aging, provide leadership training for seniors, include a senior on recreation advisory boards, and publicize recreation programs.

An important recommendation that the department sponsor the Alberta Senior Games every other year was made in 1980.

There were three other recommendations: that there be increased resources for recreation and fitness leadership (1981); that there be a way of ensuring that capital and operating grants to municipalities for recreation services be used for seniors in proportion to their percentage of the population (1983); and, that physical fitness instruction for seniors be encouraged (1984).

2. ***Developments***

The department has responded by providing fitness and leadership training workshops for local people, and by including a provincial workshop on fitness training for seniors. It now sponsors the Alberta Senior Games through the Alberta Sport Council, and funds the Alberta Senior Citizens Sport and Recreation Association which has branches across the province.

### EDUCATIONAL ACTIVITIES FOR OLDER PERSONS

With retirement it is often possible that a person has time to learn new skills and to become involved in new areas of learning. Council feels that this opportunity can be provided by adult education programs.

1. ***Recommendation*** - directed to Advanced Education and Manpower.

That all post-secondary institutions be asked to review current policies and provide mechanisms, where appropriate, which will increase the access of older persons to programs and courses (1981).

2. ***Developments***

The department sent the recommendation to all post-secondary institutions in Alberta. Most institutions do not charge tuition fees. There are three Spring Sessions for Seniors and two Elderhostel programs in the summer.

## B. SUPPORTIVE / PROTECTIVE RECOMMENDATIONS

### COMPREHENSIVE HOME CARE

While it appreciates what the government has done, Council has continued to support a more comprehensive home care program. It has repeatedly recommended that home care have a strong component of support services and that persons who are frail and disabled be eligible for help even if they require only support services.

1. ***Recommendation*** - directed to Social Services and Community Health, and Hospitals and Medical Care.

From 1977 through 1983, the same basic recommendation was made for a comprehensive home care program that would prevent or delay institutionalization of the elderly. The 1977 report contained a design for such a comprehensive home care program.

In 1984, a recommendation was made that a study be undertaken to look at the advisability of separating the home care program from the health units.

2. ***Developments***

In 1984, the Coordinated Home Care Program received $10 million in additional funding; eligibility criteria were expanded so that persons 65 and over could receive home care without requiring a professional health service. In that same year, the Interdepartmental Committee on Long-Term Care developed a model for coordinated assessment/placement for all long-term care, using home care as the entry point into the system. This concept is now being tested in two pilot programs.

## DAY CARE

Programs for frail and disabled older persons which can be attended on a day basis provide relief for family caregivers, and help prevent or delay, for some elderly, admissions to institutions.

1. ***Recommendations*** - directed to Social Services and Community Health, and Hospitals and Medical Care.

In 1980, it was proposed that two or three pilot day programs be funded and evaluated. From 1982 to 1984, the recommendation that day programs should be developed appeared in each annual report.

2. ***Developments***

In 1981, the Senior Citizens Secretariat began funding, with Edmonton Family and Community Support Services, a day care program in Edmonton. The program is now funded by the Home Care Unit of Community and Occupational Health and Edmonton FCSS. The program serves from 15 to 20 persons, six days a week in three different locations.

In 1985, the Interdepartmental Committee on Long-Term Care (with input from health units, the Alberta Hospital Association and the Alberta Long Term Care Association) prepared a paper on adult day programs.

This year, the Minister of Hospitals and Medical Care approved funding for two "day treatment" programs in Edmonton to be administered by the Victorian Order of Nurses. There are also five day hospitals which offer medical and rehabilitation services and some part-time, small day programs operating without provincial funding.

## RESPITE CARE

Respite Care, temporary admission to a a facility or temporary care at home, provides relief for family caregivers.

1. ***Recommendation*** - directed to Social Services and Community Health, and Hospitals and Medical Care.

In both 1982 and 1983, Council recommended that respite care be developed through the flexible utilization of all existing programs including lodges, nursing homes and home care.

2. ***Developments***

Respite care is provided on an ad hoc basis by some home care programs, lodges, nursing homes and auxiliary hospitals. These pro-

grams depend on the local facility. The lodges have been specifically asked to consider "vacation relief" services if there are vacancies in the lodge.

## SPECIALIST SERVICES IN GERIATRICS

The Council has felt that expertise is needed in the province, particularly in the medical profession, in order to ensure that older persons receive adequate health care.

1. ***Recommendations*** - directed to Social Services and Community Health, Hospitals and Medical Care, and Advanced Education and Manpower.

   The first recommendation made by the Council suggested that positions be created for two specialists in geriatric medicine and two in geriatric psychiatry to work out of Edmonton and Calgary (1977).

   In both 1978 and 1980, it was recommended that expert diagnostic, assessment and treatment hospitals be developed in Edmonton and Calgary, and that these should be staffed by specialists and connected with the universities for teaching purposes. In 1981 Council suggested that these be developed in several regional centres.

   The last recommendation, made in 1984, recommended that a grant be given to the University of Calgary to establish a chair in geriatrics.

2. ***Developments***

   A geriatric diagnostic, assessment and treatment service was begun in 1982 at Edmonton General Hospital (Youville). This last year no geriatrician has been attached to the program. It is our understanding that a geriatrician will be with the program as of April, 1988.

   Private funding, being assisted by provincial funding, has been obtained for a Chair in Geriatrics, University of Calgary. No appointment has been made for this position. A geriatrician, formerly at Youville, is on contract with Community and Occupational Health, and is working with rural health units and hospitals.

## NEEDS OF THE ELDERLY WITH PSYCHIATRIC PROBLEMS

Council has been concerned that little attention has been paid to the needs of older persons with psychiatric/mental problems, although these difficulties cause great suffering for both older persons and family members.

1. ***Recommendations*** - directed to Social Services and Community Health, and Hospitals and Medical Care.

   In its annual reports, from 1977 through 1984, Council emphasized the need to meet the special shelter, treatment and custodial needs of the elderly with psychiatric problems. In 1977 and 1980, Council asked that some research be directed into the causes of organic brain syndrome in the elderly and in 1980 asked that the departments examine ways of developing greater expertise and interest among private psychiatrists and psychologists in providing early intervention and treatment for the elderly. The same year saw Council stressing the need for psychiatric assessment services related to comprehensive geriatric services (see "Specialist Services").

2. ***Developments***

An internal government committee prepared a paper with specific recommendations for the Health and Social Services Planning Committee (deputy ministers) of the two departments (1980).
A psychiatric day hospital for depressed elderly was opened at the Fanning Extended Care Centre in Calgary, and the Youville Geriatric Services, Edmonton, started a special psychogeriatric assessment service (1982).

Three auxiliary hospitals now have special units for mentally dysfunctioning elderly and Rosehaven in Camrose has some assessment services and a day program. Carewest (District #7) Calgary and District #24 Edmonton have special services to provide help for institutional staff working with elderly persons with mental dysfunction.

## LODGES

Lodges are an important element in the care and housing of the elderly, and over the years Council has made a number of recommendations about the lodge program.

1. ***Recommendations*** - directed to Housing and Public Works.

In 1977, Council recommended that an in-depth study of the lodge program be initiated to study the philosophy, standards and guidelines, the kind of care provided and the future potential of lodges; and, that financing policies should explore the feasibility that charges to residents should cover operating expenses (1977).

Since lodges, as well as nursing homes and auxiliary hospitals, provide residential care with room and board, Council recommended that lodges be included in the extended care system. It was believed that lodges have a potential of caring for older persons who simply need some assistance with daily living. It was also recommended that a study of lodges be made to determine the future direction of the program and the relationship of lodges to other services (1978).

In 1980, Council suggested that the rates for senior citizens' lodges be set high enough so that they would cover the operating expenses and that charges for nursing home and auxiliary hospital care be raised to the maximum allowable lodge rates (1980). This recommendation was repeated in 1984.

In the years between these two recommendations other improvements for lodges were presented: that lodges be encouraged to include those services necessary for providing personal care to residents; and, that, where appropriate, lodges give consideration to offering some services to older persons living in their homes (for example, day care). This idea was developed further in 1982 with the recommendation that the lodge program be expanded to serve the needs of the elderly in the community with day care and respite care.

In 1983, Council recommended that standards for lodges be developed and that they be licensed and regularly inspected. The following year the Minister was asked to appoint a committee to oversee the implementation of lodge standards.

The final recommendation made in 1986 was for all new health care institutions to be built as multi-level facilities.

2. ***Developments***

A study of lodges, completed in 1979, provided an overview of the residents serviced by lodges and the level of care required by them. Charges have been increased gradually but are not yet the same as charges for nursing homes and auxiliary hospitals.

The Alberta Senior Citizens' Homes Association, with funding from the Senior Citizens Secretariat and the Alberta Mortgage and Housing Corporation, developed standards for lodges (1983).

The Mortgage and Housing Corporation is reviewing the role of lodges. Some lodges are offering respite beds to temporarily relieve families caring for older members. Although not officially a part of the pilot assessment/ placement projects, lodges in the rural area voluntarily joined the pilot program. The Corporation and the Housing Planning Secretariat are represented on the Interdepartmental Committee on Long-Term Care.

## NURSING HOMES AND AUXILIARY HOSPITALS

Since its first report in 1977, the Council has made many recommendations for nursing homes and auxiliary hospitals.

1. ***Recommendations*** - directed to Hospitals and Medical Care.

The Council's concerns dealt with the following: the need for a philosophy of restoration; for no admission without a careful assessment by home care; for regulations formulated with public input; for public information about the regulations; for patient councils; for more qualified staff with gerontological education and in-service training; for the use of volunteers; for special units for the mentally disturbed elderly; for unannounced regular inspections of nursing homes; for an avenue of appeal outside the department; and, for required accreditation.

A background paper which detailed the Council's concerns and supported them by research and the findings of various reports was attached to the 1980 report, and formed the basis of the submission the Council made to the Nursing Home Review Panel in 1981. This submission was attached to the 1981 Report.

2. ***Developments***

The Minister appointed the Nursing Home Review Panel which submitted its report in 1982. Many of its findings and recommendations supported the concerns of the Council. As as result, a new Nursing Home Act and Regulations were brought in.

# C. OTHER RECOMMENDATIONS

## FUNDING FOR PREVENTIVE SOCIAL SERVICES (PSS), CURRENTLY CALLED FAMILY AND COMMUNITY SUPPORT SERVICES (FCSS)

In 1979, it was recommended at the time of the review of PSS that community services for seniors funded by PSS should, after a proven period of time, be assured a base allocation by the province with an annual cost-of-living percentage increase, and have to negotiate only for expanded, changed or new services. This concept was not incorporated into the revised act, now the Family and Community Support Services Act.

## AUTOMOBILE INSURANCE

Immediate action was taken by the Department of Consumer and Corporate Affairs regarding the recommendation in 1977 to amend the automobile insurance policy to allow persons to provide for the transportation of seniors for a non-profit society.

## INCREASED FEES FOR PHYSICIANS FOR SERVICES TO THE ELDERLY

In 1979, it was recommended that the department explore the question of increasing fees to physicians for services to older persons. The officials of the Department of Hospitals and Medical Care, however, were of the opinion that the proposal would not be desirable.

## PROTECTION AGAINST CRIME

In 1983, it was recommended that efforts be made to make life safer for seniors, that seniors be given information about crime prevention, and that victim assistance programs be further developed. Some police departments give lectures to, and have developed materials for, seniors.

## ELDER ABUSE

In 1986, it was recommended that public awareness about elder abuse/neglect be increased (summary of survey of elder abuse was attached to the 1986 report). The Senior Citizens Secretariat called together a group to advise on the development of an information pamphlet on elder abuse; the City of Edmonton has a committee of agencies established to look at elder abuse. In other areas of the province, further interest is developing. For example, the social work department at Kerby Centre, Calgary is quite involved in this concern.

## TRANSPORTATION

The Council recommended in 1983 that municipal governments be held accountable for the use of the transportation grants for seniors and the handicapped. Municipalities now have to report to the department on use of these funds.

## SENIOR CITIZENS WEEK

In was recommended in 1985 that the province have an annual Senior Citizens Week. Senior Citizens Weeks were held in 1986 and 1987, and one is planned for 1988.

### FOOT CARE

In 1985, it was recommended that the issues involved in providing foot care be studied, including the feasibility of establishing a school of podiatry. The Health and Social Services Disciplines Committee developed a policy paper outlining issues regarding manpower needs and making recommendations to several ministers.

### LIVING WILLS

The Council, in 1985, recommended that the the Alberta government propose to the federal government that certain sections of the Criminal Code be modified so that health care professionals are protected if patients or families want a living will followed. (A background paper on living wills was attached to the 1985 report.) The Department of Federal and Intergovernmental Affairs is considering this recommendation.

### VOLUNTEERISM

Council made two recommendations in 1983 about volunteers: that volunteer opportunities for seniors be encouraged and that agencies find ways to recognize volunteers; and, that the Alberta Council on Aging (ACA) be helped to develop a Volunteer Consultant Program. The ACA has started its Volunteer Consultant Program using seniors as consultants to senior centres mainly. The program has received funding from the Wild Rose Foundation and from the Senior Citizens Secretariat. It has no permanent funding.

## CONCLUSION

Over the years it has been Council's intent to emphasize non-institutional care and support services as well as programs that stimulate opportunities for creative work, education and recreation, and provide support to assist seniors and their families to help themselves.

# APPENDIX B

# AGING IS FOR EVERYONE

## EDUCATION ABOUT AGING

1987 REPORT
Provincial
Senior Citizens
Advisory Council

# AGING IS FOR EVERYONE

## EDUCATION ABOUT AGING

**Summary of Material Available at Senior Citizens Secretariat**

### Lower Primary School

"Mums and Grandmums; Dads and Grandads." The original material for this unit was developed by the Education Department, Help the Aged, 157 Waterloo Road, London, England, S.E.1 8UU. Help the Aged also has black-and-white pictures that help to develop ideas about the elderly. It may prove more interesting for children to bring their own pictures, and the script which may be obtained from the Senior Citizens Secretariat has followed that format.

Six is not too young to learn about older people in the community. Elementary classes usually have community studies, and material on the elderly can be an extension of this.

This look at the elderly is presented in four parts, each including talking points, work ideas and easy assignments for the next class. Two of these assignments are to bring pictures, and the third is for the children to bring something dear to them that is old.

The talking points cover:

1) Grandparents or great-grandparents and their relationship with the children.

2) Some things become more valuable or better with age.

3) How the children themselves sometimes feel lonely and why some older people may feel lonely. Then the children can talk about older people who like their independence and use their time in interesting ways. Each child has pictures to help in discussing this idea.

4) What older people have to give to younger people. The need for children to have good manners and consideration for older people. It is important to understand that many older people are healthy in mind and spirit and seem, at times, to have more energy than some young people.

Other suggestions are that the children talk to grandparents or other older people to find out what transportation and clothes were like when the latter were young. The youngsters are also encouraged to ask about how their town or village has changed over the past years. Grandparents may have photographs, postcards, books or magazines that they will let their grandchildren borrow to bring to school.

Another project is to have the children ask older people what riddles, rhymes and games they played. These can be collected and used in the classroom or on the playground.

These projects should increase the understanding between generations, and the talking points should encourage the children to have more positive ideas about older people.

### Junior High

The original material for these classes was developed by Development, Education and Action, an inter-generational organization on aging. Tapes and slides may be bought from them at Canadian Education Resources, c/o Doris Marshall, 505 -

10 Walmer Road, Toronto, Ontario, M5R 2W4, or they may be borrowed from the Senior Citizens Secretariat.

These classes have three different units which cover the ideas that:

1) Aging is simply part of the life cycle. The "essence" of the person tends to remain basically the same even though there may be some physical changes.

2) All the stages of life have opportunities for growth and happiness even though the opportunities are different.

3) Canadian families come from different cultures. These cultural factors helped to develop grandparents and great-grandparents into the people they are today. (A film "Three Grandmothers," one Canadian, one African and one South American, and slides about Canadian and Chinese elderly help to develop this idea.)

4) The needs of older people are the same as those of younger people: adequate food and shelter, a sense of belonging, recognition and self-esteem, a sense of worth, the opportunity to contribute, new experiences, and the time to enjoy friends and enjoyable activities.

The final assignment for this class is for the students to write papers on how they would like to live when they are in their seventies or eighties. They then have to explain what changes will need to be made in Canadian society so they can live as they would like. In doing these papers they are asked to consider financial security, housing, health care, human dignity, protection from crime and acceptance of the elderly by society.

The units each present the opportunity for students to discuss the topics with their grandparents or some other older persons, and for the final class a small group of older people are asked to discuss what it means to be elderly in today's world. Slides and an accompanying tape develop the same idea.

These classes should help to increase the student's awareness of aging as a normal process and to develop more positive attitudes toward older people in general, and toward their own aging, in particular.

### Secondary Schools

Secondary schools in Toronto have developed a program in each school to provide services for seniors. These services are a part of their class work. These classes include: hairdressing, house painting, metal repair, appliance repair, carpentry repair, home assistance, printing and sewing. Some of this work is done in the home as well as at school.

### College and Universities

The University of Oregon at Eugene has a unique program for the Psychology of Aging course. Older people over 60 are recruited as consultants to students on a one-to-one basis. Consultants and students are paired throughout the semester. The pair attends every class together. Students are requested to provide transportation for those consultants who need it. Student and consultant meet outside class, often in the consultant's home or in a restaurant, for at least one hour per week. A course requirement is for the student to interview the older person and to write and submit a biography of his/her consultant.